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Reader's Guide

For many hundreds of years the thoughts and the feet of all good Mohammedans have turned yearningly to Mecca. This summer, the "mecca" of nurses in all parts of Canada will be the city of Toronto where the **Twenty-third General Meeting** of the Canadian Nurses Association is to be held in the Royal York Hotel. Since the only available period for the convention includes two dates which are usually accompanied by large national celebrations, it is very essential that every nurse makes application immediately for a place to live, if she plans to attend. In the *Notes from National Office*, directions are given to whom to write and the prices of various accommodations that are available. Do not trust to your lucky star to find you a place to lay your head after you arrive. Make your reservations *now*.

Gena Bamforth, who has suggested a few of the interesting attractions around Toronto which you may want to visit, is chief instructress at the Toronto General Hospital.

Percy Ward is the friendly, capable chief inspector of hospitals and institutions for the Province of British Columbia. In his frequent visits to smaller hospitals he has had to help to rescue the nurse superintendents who were floundering in a bewildering sea of hospital accounts. He has introduced simplified methods which have been of inestimable value to the nurse administrators. The whole subject of accounting is so vast, and apparently confusing, that Mr. Ward has divided it up into three readily assimilable doses. These will appear in successive issues commencing with this month. Mr. Ward has assured us of his willingness to co-operate in expanding this topic further should there be any demand from the nurses for further enlightenment. Follow the series closely and let us know how the articles help to solve your problems and what further assistance you need.

Kathleen McNamara has brought out many valuable points in relation to the assignment of work by a supervisor to the staff nurses under her. Equable distribution of the case-load is frequently a bugbear to young supervisors. With her background of experience as a supervisor with the Toronto Branch of the Victorian Order of Nurses, Miss McNamara presents a sound pattern for such planning.

Last month, we suggested in our preview that a pleasurable treat was in store for you in **Dr. D. E. H. Cleveland's** comments on our superstitions and fallacies regarding food. Dr. Cleveland is a prominent dermatologist in Vancouver.

Within recent years, nurses have had more opportunities to put some of their own practical ideas into the construction of hospital buildings and in many cases have designed equipment which is not only saving of time and energy but is also quite different from what has customarily been used. Sharing these ideas with others through the pages of the *Journal* seems a logical step. We are happy to bring our readers this month, an excellent description of the ingenious equipment designed by Major Doris Barr, superintendent of nurses at Grace Hospital, Windsor, Ontario. **Major Gladys Barker,** our author, is assistant superintendent.

What has been devised in *your* hospital? Descriptive articles will be welcomed from all parts of Canada. Help us to build up an interesting section of the *Journal* with these worthwhile ideas.

Josephine Morgan describes her work as admitting office nurse at the Winnipeg General Hospital. **Helen Morison** found a niche for herself as librarian at the Montreal General Hospital after many years of teaching in high schools. **Beth Laycraft,** who is on the staff of the Alberta Department of Public Health, seems to enjoy thoroughly the public health nursing opportunities presented in the far north. **A. Edith Fenton** is health supervisor at Mountain Sanatorium, Hamilton, Ontario.

Suzanne Giroux, on her return from active duty overseas with the R.C.A.M.C. where she was principal matron in one of the large Canadian General Hospitals, has become the official School Visitor for the French schools of nursing under the R.N.A.P.Q. She has made a study of the problems involved in the recruitment of student nurses for these schools and has summarized her findings for us.

1st STUDENT NURSE:
SCRUB! SCRUB! SCRUB! MY HANDS ARE CLEAN AS CAN BE . . . BUT THEY FEEL TERRIBLE! SO ROUGH AND SCRATCHY!
2nd STUDENT NURSE:
GET PACQUINS HAND CREAM. THE HEAD NURSE TOLD ME IT WAS MADE ESPECIALLY FOR DOCTORS AND NURSES. IT'S SOFTENING . . . BUT NOT AT ALL GREASY!
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HAND CREAM
● Yes, Nurse, snowy, fragrant Pacquins Hand Cream will help keep your hands smooth and comfortable in spite of 30 to 40 soapy-water scrubbings a day. You'll find Pacquins pleasant to use too . . . not at all sticky or greasy. Ask for Pacquins at any drug, department, or ten-cent store.

ANTISEPSIS

In rare conditions and everyday practice

'The successful use of intrapleural lavage in a case of pyrothorax 'and bronchial fistula was described by Gilmour in 1937. The chosen 'antiseptic was Dettol which was used first in a concentration of 1 in '20 and later at full strength. At the end of each washout 20 c.c. of 'pure Dettol was left in the pleural cavity. Some of this was coughed 'up via the fistula, and some swallowed with no ill effect. The treatment 'was continued for 7 weeks, at the end of which the pleural space was 'obliterating, the fluid serous, and the patient's general condition very 'satisfactory. Recovery was uneventful.'*

* *Santon Gilmour. (1937) Tubercle, vol. 19, p. 105.*

A rare case—admittedly, yet not without some bearing on problems in everyday practice.

For what can reasonably be concluded about the attributes of an antiseptic that could be so used for so long and with such a result? Obviously it must have been highly bactericidal; it must have been non-toxic, even at full strength and even on prolonged contact with the pleura and the gastro-intestinal mucous membrane; it must also have been non-irritant and

MII.C

non-corrosive, for otherwise it would have increased the vulnerability of the tissues to the infection and inhibited the natural processes of healing.

And in fact the clinical experience of over 12 years, in all the contingencies of practice that call for rapid, effective and safe antisepsis, has shown that 'Dettol' does combine, in high measure, these fundamental attributes of an antiseptic for general use in medicine, surgery and obstetrics.

'DETTOL' OBSTETRIC CREAM

—a non-toxic highly bactericidal preparation sharing all the essential attributes of 'Dettol,' but with its own special place in obstetric practice.

Originally tested at Queen Charlotte's Hospital, London, in 1932, 'Dettol' Obstetric Cream is now in general use in maternity hospitals in Great Britain and throughout the Empire.

Rapidly lethal to hæmolytic streptococci

First, because of the antiseptic itself. 'Dettol' rapidly destroys—among other pathogenic organisms—the haemolytic streptococci responsible for most puerperal infections. It was this particular quality that lead to its adoption as the routine antiseptic in London's great maternity hospital, Queen Charlotte's.

A persistent barrier to re-infection

Secondly, because of the concentration. Applied to the skin 'Dettol' 30 per cent. not only destroys the organisms present, but forms a barrier to reinfection which lasts over two hours. In grossly contaminated cases it would naturally be applied at shorter intervals; but in routine practice two-hourly applications are more than adequate.

Intimate contact with skin and mucous membranes

Thirdly, because of the vehicle. The pleasant creamy preparation remains in contact with the surface over which it is smeared. The continuity of the barrier to re-infection is thus assured.

Some clinical applications

Possessing these special attributes, 'Dettol' Obstetric Cream is used by doctors and nurses in nearly every maternity hospital of the British Empire for the sterilization of the gloved hands and for their rapid re-sterilization during the conduct of labour. It is applied as a routine to the patient's vulva, perineum and thighs, and smeared periodically over the patient's hands.

The introduction of 'Dettol' Cream into the obstetric routine at Queen Charlotte's Hospital was immediately followed by a 50 per cent. decline (by comparison with the period immediately preceding) in the incidence of puerperal infection.

RECKITT & COLMAN (CANADA) LIMITED, PHARMACEUTICAL DIVISION, MONTREAL

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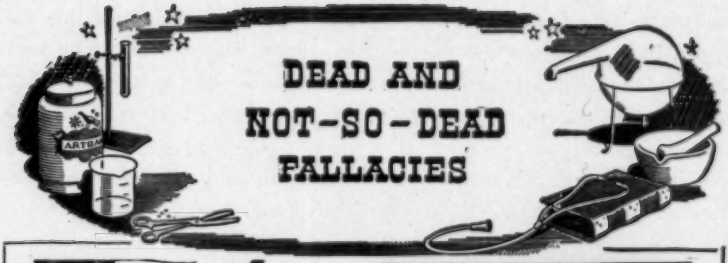

DEAD AND NOT-SO-DEAD FALLACIES

Snake bites were often treated with big swigs of whiskey which old-timers thought to be a cure. Probably this "cure" hastened many deaths, because the alcohol increased the rapidity with which the poison was absorbed by the body.

A fallacy commonly accepted as true today is that canned foods contain preservatives. Of course, the actual fact is that the processing of canned foods kills spoilage organisms. And hermetic sealing of cans prevents contamination from outside.

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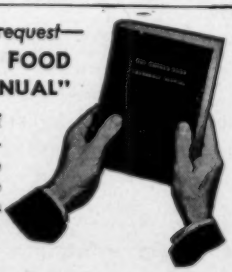
— a handy source of valuable dietary information. Please fill in and mail the attached coupon now.



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When you follow your usual practice of washing your hands and then using a hand lotion, undoubtedly some of the hygienic value of soap and water cleansing is lost.

TRUSHAY was specially formulated to be applied BEFORE washing. It's just the thing for hands that must be scrubbed many times a day. TRUSHAY helps prevent depletion of the skin's natural lubricant...aids in keeping hands soft and smooth...the dermal tissue normal and unbroken.

And since TRUSHAY is applied BEFORE washing, you get all the benefits of this fine, creamy, exquisitely-perfumed hand lotion and still retain the hygienic value of soap and water cleansing.

Give your hands a TRUSHAY treat today... and recommend TRUSHAY to your patients.

TRUSHAY

THE "BEFOREHAND" LOTION

A Product of BRISTOL-MYERS COMPANY
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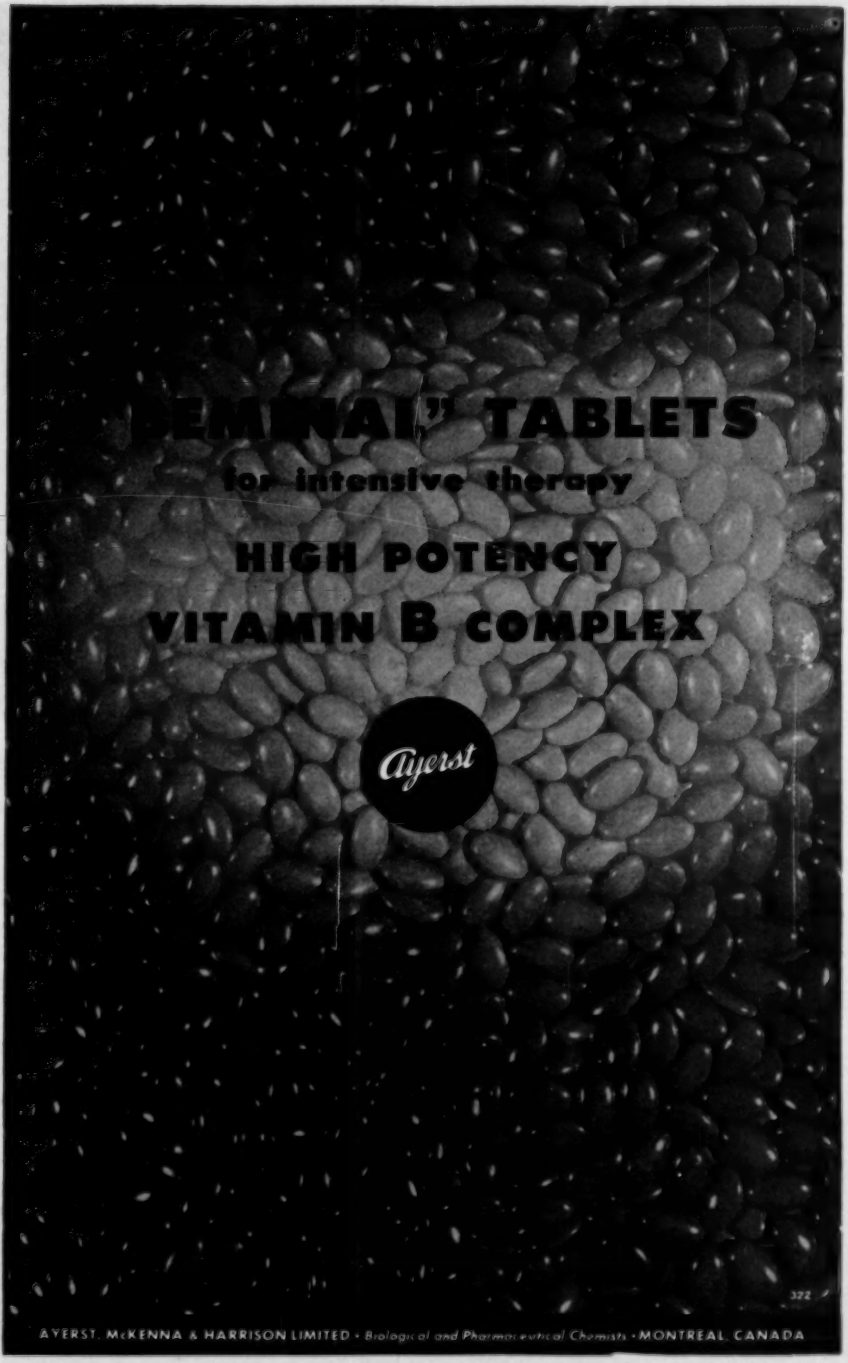
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for intensive therapy
HIGH POTENCY
VITAMIN B COMPLEX
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Does Tampax improve the psychological attitude toward menstruation?

EMPHATICALLY *Yes*

Any *one* of the *many advantages* singularly inherent in TAMPAX might well serve to bring a woman greater "peace of mind" during the menses. Indeed, many patients have told their physicians that — since Tampax fits so comfortably in situ, making them "hardly aware of its presence"— it enables them to "forget that they are menstruating", so they are free from much of the "disturbing annoyance they had every time they menstruated."[1]

In addition to providing this "natural" *comfort*, TAMPAX has proved so thoroughly *adequate* and *safe*[1,2,3]... and so successful in overcoming problems associated with the external pad such as odor, vulvar irritation, and chafing,[1,2,3] and of conspicuous bulging... and, finally, allows of so much wider a range of activity during the period... that women everywhere are fast becoming "converts" to this newer, pleasanter, internal form of protection pioneered by a physician.

Tampax is available in three absorbencies: "Regular", "Super" and "Junior". *The coupon below is for your convenience.*

References: 1. West. J. Surg., Obst. & Gyn., 51:150, 1943. 2. Clin. Med. & Surg., 46:327, 1939. 3. Am. J. Obst. & Gyn., 46:259, 1943.

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FRESH is a smooth cream that doesn't dry out in the jar. It is never greasy. Never gritty. Never sticky. Usable right down to the bottom of the jar.

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New Cream Deodorant

Safely helps

Stop Perspiration

1. Does not irritate skin. Does not rot dresses and men's shirts.
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3. A pure, white, antiseptic, stainless vanishing cream.
4. No waiting to dry. Can be used right after shaving.
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Require THAT ALL UNIFORMS CLOTHING AND OTHER BELONGINGS ARE MARKED WITH

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KAOLIN IN ALUMINA GEL

Supplied in 6 and 12 fluid ounce bottles.

KAOMAGMA CHECKS DIARRHEA

An activated adsorbent, Kaomagma clears the intestinal tract of toxic substances, brings quick relief from pain and promptly controls diarrhea. Kaomagma coats and protects the irritated mucosa.

DIARRHEA

KAOMAGMA checks ✓

- **INFLAMMATORY or IRRITATIVE DIARRHEAS** due to bacterial or chemical action in the intestine;
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- **PSYCHOGENIC and NEUROGENIC DIARRHEAS** due to emotional or physical strain.

Administer two tablespoonfuls of Kaomagma Plain in a little water

follow this with one tablespoonful of Kaomagma Plain after every bowel movement

when stools become consolidated, one tablespoonful of Kaomagma with Mineral Oil three times daily may be indicated.

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or

Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital, Montreal 2, P. Q.

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is offered to Registered Nurses. This includes organized theoretical instruction and supervised clinical experience in all departments.

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Has vacancies for supervisory and staff nurses in various parts of Canada.

Applications will be welcomed from Registered Nurses with post-graduate preparation in public health nursing and with or without experience.

Registered Nurses without preparation will be considered for temporary employment.

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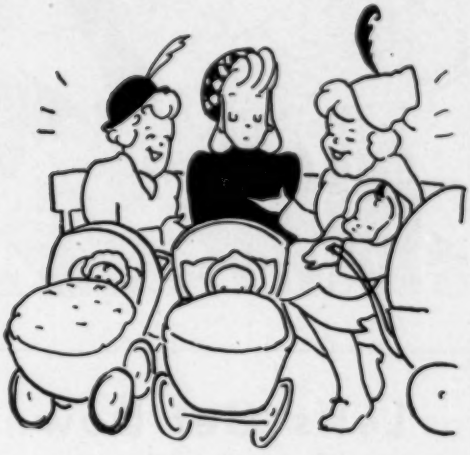
NO. 10: REBELLIOUS MRS. RICHARDSON

Meet Mrs. Richardson—a refreshing gal who refuses to do things just because other mamas do.

Mrs. R. hates pink and blue. Instead—knits tiny garments in fire-engine red and baby-chick yellow!



She won't listen to park-bench tips on baby care. Though a mother-of-ten tells her to ignore baby's heat rash, Mrs. R. checks with her doctor . . .

Mrs. R.'s way is the right way. But because many mothers are so ready to take haphazard advice, many doctors find it helpful to suggest, early in the game, Johnson's Baby Powder for minor external skin irritations.

Pure, smooth Johnson's helps prevent or relieve prickly heat, diaper rash, and chafing. It is the choice of more doctors than all other brands of baby powder combined.

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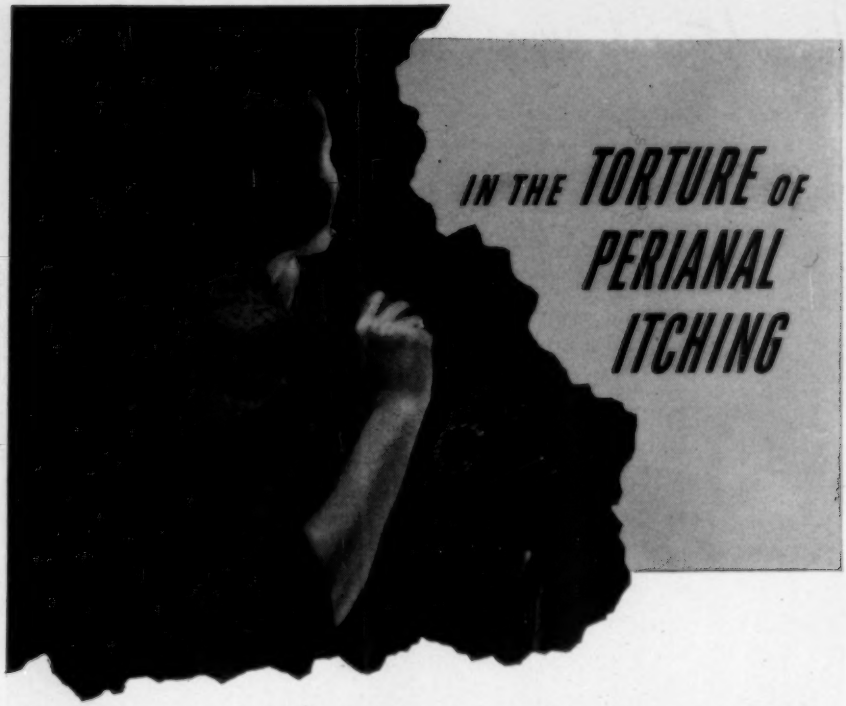

RELENTLESS, unnerving, anoperineal itching is among the most tormenting discomforts women are called upon to endure. The paroxysms of this frequently occurring syndrome appear without warning, day or night, and instantly rob the victim of further poise and productivity. Dependable, rapid relief of unbridled pruritus is required in order to prevent serious emotional imbalance and traumatic lesions due to the irresistible desire to scratch.

With Calmitol, dependable relief is promptly available. Calmitol quickly stops perianal itching, a single application holding it in check for hours. Application can readily be made at work, since the tube of Calmitol Ointment is easily carried in pocket or purse.

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Calmitol stops itching by minimizing transmission of offending impulses from cutaneous receptors and end-organs. Bland and nonirritating, the ointment can safely be applied to any skin or mucous surface. Active ingredients: camphorated chloral, menthol, and hyoscyamine oleate. Calmitol Liquid, prepared with an alcohol-chloroform-ether vehicle, should be used only on unbroken skin areas.

The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME FORTY-TWO *NUMBER FIVE*

MONTREAL, MAY, 1946

Sharing Responsibility

JUST A FEW SHORT WEEKS HENCE, the twenty-third General Meeting of the Canadian Nurses Association will be convening in Toronto. Elsewhere in this issue, Gena Bamforth gives a pen-picture of that fair city. She spreads a panorama of interesting places to visit, of side trips which may be taken, of the interesting homey bits of information which, taken together, hold promise of a lively time, particularly for those who have never visited Toronto before.

This issue also carries details of the program which the very diligent committee, chaired by our National president, has prepared. It has not been an easy program to draft since there were so many vital matters facing nurses and nursing to be considered and the problem of how to allot time enough for all of the items in the relatively short space of four days was a difficult one to meet. We feel that they are to be congratulated in having been able to plan so broadly for such a concentrated period.

Nurses have sometimes been the butt of good-natured criticisms, by assorted lay groups, because of the intensity with which they ponder on professional matters at these biennial conventions. They do not include the profusion of social engagements enjoyed by many other groups though the amenities are observed. Meeting as a body only once in two years, there just is not time for a nimiety of teas, parties, and such. Particularly during the war years, the conventions have been geared to the needs of the times and business has prevailed. Again this year, the days are to be spent in serious consideration of a wide range of exceedingly pertinent problems. However, the Program Committee in its planning has arranged for only one evening session, the banquet. This leaves ample opportunity for alumnae groups, and for other interests to make their arrangements for the desired reunions. It does, of course, require space to accommodate all the wide range of schools of nursing which would like to get together and talk things over.

It would assist the Arrangements Committee immeasurably if they could have some advance notice of how many such "parties" would like to have reservations made for a group dinner, etc. Far better accommodation can be secured if there is previous planning rather than a spontaneous urge to meet after "you see who is there." Alumnae Associations are urged to begin thinking about this now. Better still, why not do some balancing of the books and see that every alumnae association is represented at the convention? Money could not be better invested at this time.

To expedite the actual proceedings at each session, most if not all of the reports will be made available in folio form to those who attend the convention. This will obviate the reading of interminable reports, will give each of us an opportunity to read the reports carefully in advance, and equip us with the necessary background of information to be able to participate intelligently in discussion. Since the last biennial meeting, a vast amount of work has been accomplished by the committees of the C.N.A. working under the direction and guidance of the Executive. The end of World War II diminished certain responsibilities and enlarged others. While a certain amount has been reported regularly in the *Journal*, much of the work that has been undertaken in this past biennium will have reached a new level by the convention. This is the time when every member of the Canadian Nurses Association has the opportunity and, indeed, the responsibility to study what has been done and to assist in formulating the plans for the future.

Professional nursing stands today at a crossroad with a myriad of distractions, criticisms, and problems to divert it. The soundness with which present-day thinking is crystallized into future activities depends not upon the Executive, nor upon the reporting committees, but upon the diligence and forethought with which *all* of the nurses, younger as well as older, scrutinize the reports, analyze the recommendations, and unite in their quest for the best possible future for the profession.

One of the most momentous reports comes from the Legislative Committee—the proposed revision of the Constitution and By-laws of the Canadian Nurses Association. In 1940, certain amendments were made in the existing constitution but no radical changes were suggested. The proposed revision is a streamlining of our national organization which merits considerable study by all our members. For example, it provides for standing committees composed of the varied branches of interest in nursing, instead of our familiar pattern of Sections. To give the widest opportunity possible for preconvention study, the complete proposed revision will be published in the June issue of the *Journal*. Read it, study it with your colleagues, and be prepared to follow carefully the discussion on this topic at the convention.

Come to the biennial meeting. With the shortages of staff which are still a serious problem, not nearly all the nurses who may want to come will be able to get the necessary time allowance from their work. It is sufficiently important that part of the summer vacation might well be so spent if necessary. But be sure to make hotel reservations early. There will be a throng.

—M.E.K.

Preview

This year the Legislation Committee of the Canadian Nurses Association is presenting the results of their intensive work in the revision of the **C.N.A. Constitution and By-laws** at the Biennial Meeting. To give every member an opportunity to study these carefully before coming to the convention, it is planned to include the proposed revision in the June issue of the *Journal*. It is a lengthy document but merits the most careful scrutiny in order that every nurse will be familiar with all of the details. Because of its length, it will be printed in small type which we are sure you will find perfectly legible.

Folk-lore and Food

D. E. H. Cleveland, M.D.

Folk-lore is the common tradition of the people. It is the mass of popular beliefs, the notions, views and opinions commonly held by everyday men and women, which go on constantly accumulating through generations and centuries. It rolls through the ages like a snowball picking up new additions as it goes, and occasionally portions drop out, disappear, and are lost. It is not the teaching of any school of thought; it is contemned by those who call themselves learned; it bears no authority other than the common acceptance of the common people. Its identifying marks are "they say," "people say," "everybody says." It is so today, as it was in the days of our remotest ancestors.

Opinions and sayings about the working of our bodies, the cause and cure of our afflictions, what is good for us and what is bad for us, make up a large and important part of ancient and modern folk-lore.

Only occasionally can we guess how or where these traditions had their beginning. Probably coincidence, or misinterpretation of the relations which appeared to exist between one thing and another, accounted for much. It is a common error to think that because this followed that therefore this was caused by that. If an old gentleman jumps a five-barred gate after taking Youno's Salt before breakfast, it was the Salt that caused it and not the bull coming after him, which was left out of the picture.

Often it would seem that a man fell into a habit or did something by mere chance. He justified himself by inventing a story about how he came to do it with which he edified his friends and relations, and modestly accepted the fame which was his when it turned out happily. Sometimes in these cases we find in our modern laboratories of research that there were excellent scientific reasons for doing just what he did, although of course he never guessed that. Rudyard Kipling wrote a collection of delightfully amusing stories about such happy accidents, which he called "Just-So Stories." I hope that every one of you has read them, but for those who perhaps have missed them I have only congratulations when I think of the treat in store for you when you do.

To mention one of a multitude of specific instances, how did the Mexican Indian happen to use lime-water in the cooking of his tortillas, and why has he always thought so highly of chilis as an article of diet? No doubt he has fearful and wonderful stories to tell to account for such tastes, but who could have told him that his diet was so deficient in calcium that he must get it by cooking lime with his corn, and that the chili was his richest available source of vitamin C?

Man must eat to live and some instinct rather than deliberate thought has led "Man-in-the-raw" to choose from what lies about him, the foodstuffs that are best for him. When he has dwelt by the sea or on shores of lakes or rivers he has found fish and shell-fish which filled most of his needs for food. He thrives on such foods, thinks fish a gift of the gods, and despises others who do not share his fishy tastes and aroma. And, in turn, his inland-dwelling meat-eating neighbors despised his low tastes, and swore that fish was poison. The plains Indian with bellyful of buffalo thought he insulted the Coast Indian when he called him Clam-digger. In just such a spirit today does the citizen of Upper Canada, full of roast beef and Toryism, refer to the Quebecois as a "pea-souper."

But man is neither carnivorous nor herbivorous, he is omnivorous. So he varies his diet as he raises his social standards, at first within the limits

which his environment permits and then, as he becomes more fully a citizen of the world, he begins to sample and then import into his diet novelties from foreign parts. Even in this he is always inhibited more or less by his own traditions and folk-lore. We shall observe later some of the consequences of this. However he might vary the items in his diet he always gave reasons for it. Right or wrong as these reasons might be, they in turn became incorporated into his folk-lore also.

In most places animal food was the staple diet—when it could be obtained. When he could not get it then he made a virtue of necessity and turned to substitutes from the vegetable kingdom. He ate certain fruits, grasses, roots, and barks as medicines, or as part of a religious observance. If some of these were known already by his priest-medicine-man to be particularly appetizing, a wall of tabu was at once thrown around them. They were reserved for the sanctified palate and stomach, and the common man ate them at his peril. But prohibitions we often come to believe are only made to be broken, and broken they were, so that man ate vegetable items of food because they tickled his palate. In this way one set of customs and traditions grew up about his animal foods and others about his vegetable foods.

Primitive man ate his food raw. Most likely it was by sheer accident that he discovered that it was improved by some contact with fire. Charles Lamb in his comic fable, "A Dissertation upon Roast Pig", tells this story best. You will remember that in this story the Chinese swine-herd accidentally burned down his cottage and roasted his father's porkers. He thus stumbled upon the observation that pig roasted was most excellent eating and his intoxication with its charm made him insensible to the beating that followed. He even let his father into the secret. But it soon leaked out to the neighbors, and cottage-burning became a quaint village custom in that pig-keeping community. One brighter than the rest discovered that it was not necessary to burn a whole cottage to roast one pig; just a small piece of one, or some plain, dry sticks were sufficient. No doubt there were connoisseurs even in those days who continued to insist that roast pig did not have the authentic flavor unless it was seasoned with singed bamboo and thatch.

There is something in this to think about. Savages in many lands still do not truly roast their meat, but merely singe it in hot embers. The coating of wood-ash adhering to its surface created a taste for the mineral salts which it contained. We satisfy this craving today with our table-salt.

The juices that bubbled out of the hot meat were found to be concentrated flavor and thus originated our gravies and broths of modern cookery. Later it was found that if leaves were wrapped around the meat before putting it to the fire they kept in the moisture. Juices of different leaves varied the flavor pleasingly, and sometimes the fruit or bark of the plants was added as a further improvement. South Sea islanders roast bread fruit and taro with their pig, and the American Indian pounds up shad-berries or partridge-berries with his venison to make pemmican. Over a century ago, Mr. Pickwick's Sam Weller explained nonchalantly, "We eats our biled mutton without capers, and don't care for horse-radish when we can get beef," but Sam knew well enough that those were the proper combinations according to culinary tradition. So today we must have green peas with our duckling, apple-sauce with pork, and mint sauce with lamb. These canons of cookery are established and have been handed down to us by our forefathers so that only heretics or heathen mingle plum-jam with beef and marmalade with chicken.

Most of our condiments also are used according to established rules. Their addition to our everyday diet indicates not only the extent of our foreign commerce, but the low cost of transportation. Our commonplace spices once ranked in value with

silks and jewels with which they were brought by long, slowly-moving caravans out of the Orient. Westerners who sojourned in tropical countries acquired from the natives a taste for hot cinders and liquid fire. Originally they were credited with medicinal virtues, but Europeans retained the taste long after they had forgotten the reason. Over three hundred years ago Samuel Pepys first tasted in a London coffee-house a drink made from herbs which was called "chee," that same which is still called *cha-i* by the Chinese and the Russians. It was a medicinal herb, having, so the Chinese believed, the power of preventing the fevers and fluxes to which they were subject. They were right but they did not suspect how. The water which they drank in the lower valleys of the great rivers was chiefly diluted sewage from the populous villages upstream, rich in germs of typhoid, dysentery, and other like ailments. Boiled it became harmless but flat and uninteresting. Dried leaves from a low-growing bush gave it a delightful new color and an intriguing and aromatic astringency. Boiled water thus sophisticated was in this way easy to take and those who drank this new medicated drink—and that soon came to be all the sensible folk in China—were delivered of their distresses and felt strangely exalted. Perhaps Sam Pepys did not go into ecstasies over it, or develop a four o'clock habit, but he was forever abrim with curiosity and ready to try anything that was novel and observe and speculate upon what happened, especially if it had medicinal value. Soon he and his fellow Londoners became sensible of the light and pleasant stimulation the caffeine-content gave them, and from that time tea was not only a panacea but an English institution.

In the development of tribal religions, certain animals came to be venerated. Sir James Frazer, one of our greatest authorities on primitive religions and folk-lore, says, "Primitive man believes that what is sacred is dangerous; it is pervaded by a sort of electrical sanctity." Therefore, it happens that many diseases have been attributed to contact with such electrical sanctity. The pig was held sacred by the Egyptians and many people in Western Asia. To eat pig's flesh is forbidden by the discipline of the Jews and Mohammedans today, and this probably has something to do with the later and modern popular notion that pork is unhealthy food. Neither Jews nor most Mohammedan nations venerate the pig, but it was venerated by their infidel neighbors, therefore there was still further reason to proscribe it as diet, The Syrians of antiquity held the flesh sacred, and if it were eaten ulcers of the flesh would certainly result. The Omahas in America owned the Elk as their tribal totem, and believed that boils would develop on whoever ate of its flesh. Many tribes the world over venerate serpents, and although coast-dwelling Zulus will readily eat fish, other inland tribes of South Africa believe a fish is a kind of serpent and will not eat it.

We remember here that an honorable and ancient item of western American folk-lore holds that the inward application of whisky is the best cure for snake-bite. The underlying principle is that well-known one that one poison drives out another, and not only is whisky the mightier poison but it is less painful to take.

Repulsive appearance or habits of an animal breed distrust of its eating qualities; thus will originate the tradition that it is harmful to eat. We in our day and place turn from the idea of eating snakes or rats. We gag at the notion of eating other animals with even less reason. We think we do not like to eat cat, but there are excellent reasons for believing that "rabbits" are eaten frequently which once waved long tails in the moonlight. White explorers in West Africa show a pronounced distaste for roast young monkey, although their native hosts assure them of its superior and delicate flavor, merely because it looks like roast baby. The flesh of the whale is practically indistinguishable from beef, yet so firmly fixed in peoples' minds is the zoological error that the whale is a fish and, therefore, must

have a fishy flavour, they cannot stomach this fish that looks like beef. Less than thirty years ago a commercial venture in British Columbia to market whale-flesh failed for such unsubstantial a reason as this.

Australian aborigines, whose tastes are so undiscriminating that they will thankfully eat anything from lizards and mice up to particularly stringy, discarded wives, fear to eat a certain marsupial mole because as it is so rarely dug out of its tight-fitting burrow in hard earth they say it could never produce young, therefore, it cannot be wholesome food. They also are careful to eat sparingly of certain fat grubs which they dig out of roots. These have such a delectable creamy almond-like flavour that they could not have been destined for the food of humble mortals, but doubtless were ambrosial fare for tribal gods only. If said humble mortal eats them freely he will be punished with fearful pains in the liver. This is doubtless true.

Yet repulsive appearance cannot always have been a complete deterrent. What circumstances led him to do it we cannot know but Dean Swift was right when he observed that, "It was a bold man who ate the first oyster." Frogs' legs are a delicacy widely appreciated among English-speaking people today, but the English of Napoleon's time thought them so abhorrent that they could imagine no choicer insult than to call Frenchmen frog-eaters. Even today the English or American traveller in France eats his first delicate morsel of snail with the do-or-die air of a schoolgirl picking up a garter-snake.

Folk-lore tells us that oysters are not good to eat in months which are not spell with an "r." It is true that in the northern hemisphere the breeding season of oysters is from May to September, during which time they are of inferior quality and flavor; and when they are fertilized, in oyster man's slang, they are "sick." They are nevertheless as perfectly safe food then as at other times. It is amusing to speculate upon the dilemma the stickler for tradition would find himself in when he goes to South Africa or New Zealand and wishes to eat oysters in winter months. His only way out is to lift the "r" out of the months we use it in and stick it into the spelling of the May to August months.

An old proverb says, "Tell me what you eat and I will tell you what you are." The idea expressed still holds today, but we might say to cannibals, "Tell me *who* you eat, etc." The man who wished to be fierce and strong must eat the meat of a strong, fierce animal. If his enemy put up a good fight before he was overcome what could be better than to eat him? The American Indian tore the heart of his enemy hot from his chest and devoured it. In so doing he honored a brave adversary, gave his stout heart honorable sepulchre, and acquired his foeman's valor. Young African warriors coveted the lion's heart and they hastened to drink his blood as it poured smoking from his veins pierced by their spears. In the massive bones of the bear lay his strength and Indians sucked out the marrow, juicy and rich, as good strengthening medicine.

A few years ago we used to see on the billboards an ox leering over the edge of a teacup, or another hanging his mourning head before a small black bottle while he apostrophized it as the tomb of his departed brother. The suggestion that the strength of an ox has been concentrated into a small amount of extractives—actually devoid of nutritional value and chemically nearly identical with concentrated urine—which is unthinkingly accepted as true puts the man-in-the-street in the same class with the blood-drinking Zulu and the Cree tribesman with his bear's marrow-bones.

The expressions "heating to the blood", or "cooling foods", which we have inherited from our ancestors, who thought of the liver as the source of body heat, recalls Gratiano's pious aspiration—

And let my liver rather heat with wine
Than my heart cool with mortifying groans.

Such notions about the evil or unhealthy qualities of various foods,

right or wrong though they may since have proved, had no scientific origin, and are part of the content of folk-lore.

There is still a popular notion that too much meat in the diet is unhealthy, but it would be interesting to have here the comment of an Eskimo who eats nothing but animal food. Such an eminent scholar and theologian was sixteenth-century Erasmus that, like many modern men of eminence, he had come to believe that his views on any subject were authoritative. Thus we find him writing, at the time of the Sweating Sickness in England, to his friend the physician of Cardinal Wolsey, "It would help also if the multitude could be persuaded to a sparer diet and more moderate use of salt meat." The "multitude," that is the English peasant or commoner of the time, could get little enough meat of any kind, and unless he poached his lord's preserves it was bound to be salt.

While I have said that a repulsive appearance or associations has been held as an indication of unwholesomeness, the reverse has not necessarily been held also. For instance, the large handsome, scarlet fruits of the tomato-plant were thought, little more than a century ago, to be poisonous. The plant was imported from South America for its decorative value in the garden, and was called the love-apple. Later when it became adopted as an article of diet it was accused by some of causing cancer, and that fable has not yet died.

There is no connection between the appearance of different fungi and their edibility. Some of the finest mushrooms are repulsive-looking blobs of glaring-coloured matter, and others are pallid as the fingers of dead men. The most deadly toadstools may look equally dangerous or harmless. Greatgrandmother said that if silver was thrust into the flesh of a doubtful specimen and blackened thereupon, or the fungus blackened when sprinkled with salt it was not safe to eat; otherwise it was harmless. But she would never have lived to achieve greatgrandmotherhood if she relied entirely upon these worthless tests.

I wonder how many of us have been told that it was dangerous to drink milk after eating cherries, and how many of us have tried it just to see what would happen—and been disappointed?

Fifty years ago Master Vermiform Appendix became the popular villain in the ever-popular surgical drama. It was common belief—and it is very likely that the family doctor started it—that grape-seeds and other seeds lodged in the appendix and brought about the grief which was only to be assuaged on the operating-table. The capacity of the slender worm-like tube was believed capable of prodigies and children were warned not only against swallowing grape-seeds and apple-seeds, but cherry-stones and peach-pits as well. This is folk-lore again even if it is fairly modern and though it was initiated by one of quasi-scientific repute.

Another development of family medicine or folk-lore medicine has been to sophisticate good honest foods with nauseous additions and assume that with the nasty taste they also became endowed with medicinal properties. Thus molasses was ruined for children when it was mixed with sulphur and jammed down their innocent throats. Even adults in our midst today take it themselves, possibly considering that an ounce of brimstone in this world may immunize them against unending brimstone in the next. When Mrs. Squeers thus physicked the helpless little fellows at Dotheboys Hall her object was not philanthropic but was the same as the late Signor Mussolini's when he filled Italian patriots with castor oil. It was to lower morale and promote the preservation of discipline.

Much nonsense is believed and widely circulated about honey. It was once the commonest, almost the sole source of sweetening in Europe before sugar began to be generally used in the fifteenth century. The sugar of honey is of a kind very easily assimilated, but is nonetheless sugar and cannot be taken in conditions such as

diabetes when other sugars are forbidden. As for the popular household practice of mixing it with vaseline to grease the sandpapery insides of childish throats, that is only a waste of good food.

Who has not heard the centuries-old aphorism, "Feed a cold and starve a fever?" You may interpret it how you wish for there is no common agreement on it. Feed a cold and it will grow into a fever; feed yourself when you have a cold and starve out the fever; or feed when you have a cold and starve when you have a fever.

Onions, of course, are good to take for a cold. That is long-established in folk-lore. Eat them raw or boiled or fried. Fry them to make a poultice for the chest, the proper employment of which should be to smother a beefsteak. Garlic also is good for colds, but its greatest value appears when it is used for consumption. No one will get consumption if he eats enough garlic. If he does he should eat more garlic and he will infallibly be cured—if he lives long enough. This is a strong tradition of the English countryside and has been commercially exploited. In the English penny-comics you will see advertisements of garlic remedies for chest ailments; they are not in the comic drawings but placed at one side as a sort of parallel text or supplement.

An old tradition in the Alabama mountains is that the best cure for whooping cough is to swallow live minnows. A slight misunderstanding resulted in a curious vogue followed by the younger and brighter set a few years ago of swallowing live goldfish when they "made whoopee."

Cow's milk has long lost its novelty as a beverage, and is no longer regarded as a medicine. Asses' milk is mentioned by English seventeenth-century writers as a popular remedy for consumption of the lungs, but failing this it was thought that the milk of a red cow would do. Goats' milk is drunk commonly in Mediterranean countries where cows would not thrive, and it is, therefore, cheap and plentiful. For similar reasons camels' milk is drunk by the nomads of northern Africa and Arabia. The novelty of these "foreign" milks soon led to travellers claiming medicinal virtues for them, and the milks of goats, ewes, and mares were introduced into northern Europe and America on the basis of such claims. Such beliefs are widely held in our present-day population.

Not all folk-lore is nonsensical and baseless in its origins. Some indications have already been given that this is not so. Experience, and careful and prolonged observation, have firmly established some popular beliefs, and such methods of acquiring knowledge are never to be underrated. In most of these instances modern scientific investigation has confirmed the soundness of these beliefs. Consider for instance what we know today as fact, and the rational background behind it, in the relation between emotional states and digestion. Emotional stresses before or during meal-times may banish appetite, as we all know, and call a halt to buccal, gastric, and intestinal digestion; even violent reactions such as vomiting or purging may be produced. This was well known long before anything was known concerning the mechanics and chemistry of digestive processes, so that the Abbess in "The Comedy of Errors" observes—

Unquiet meals make ill digestions;

and what better motto can we find to write on our menu cards than Macbeth's—

Now good digestion wait on appetite,
And health on both.

Preview

Have you ever wondered how children and grown-ups, too, whose speech is labored, often unintelligible, are taught to speak properly? **Mary B. Cardozo** has described the speech clinic in which she does her teaching at the Children's Memorial Hospital in Montreal. Speech education should be commenced as soon as possible—before the child realizes he is different from others, according to Madame Cardozo.

"And this, Miss Jones, is your District"

KATHLEEN MCNAMARA

Preface: The editor of *The Canadian Nurse* requested the Victorian Order of Nurses for Canada to write an article describing the plan followed in the determination of the assignment of the case load of a staff nurse in one of their larger branches. The writer has attempted to relate a conference which took place between a supervisor and Miss Jones, a young staff nurse. Miss Jones was about to assume the responsibility for a district of her own and from their conversation may be gleaned some of the many factors which enter into the question of district management.

MISS JONES approaches her district office with a light step. She has completed her assigned visits for the day and is now returning to the office for a conference with her supervisor. Miss Jones is particularly happy about this conference for she is about to be introduced to a district of her own which is in very truth the culmination of a dream long cherished.

Miss Jones is a very new public health nurse. Were you to ask her why she chose to begin her career with a large branch of a visiting nursing organization she probably would name several reasons. Identification with a national public health organization might be one. Or perhaps she has been advised that here is offered a most favorable ground for learning, through opportunity for a variety of experience under planned supervisory guidance and such other factors as, to name only one, its staff education program.

Quiz her further, and you may hear something like this—"Well, in the first place I like to nurse the sick. After all that is why I wanted to be a nurse. Then as I went along in my training, I became especially interested in preventive aspects of illness; also in people—the things they do and why. And so I chose, after graduation, to study public health nursing. In the opportunity to work with an organization such as this it seemed I would find, and I really am finding, the realization of these two predominant interests of my whole preparation. In fulfilment of the primary object of the Organization, which is bedside nursing care of the sick in their homes combined with health teaching, the main part of our program is, of course, home visiting. But in some branches there is in addition such other assignments as a Child Health Centre; the teaching of classes for expectant mothers; and part-time service in industry. Isn't that pretty interesting?"

Miss Jones now enters the office. The supervisor greets her. "Good afternoon, Miss Jones. I am just ready for you. Take off your coat and get your breath for a minute or two. We will then go into the next room where we will not be disturbed by telephones. Would you like to take this file along with you?"

When both are seated in the conference room, the supervisor begins—"Well, Miss Jones, this is the big moment you have been looking forward to for you are now to be introduced to your very own district. This afternoon we will, for the most part, discuss only the mechanics of the planning of work. A further part of your introduction will be an opportunity to read each case history and learn the detail and need which each one presents. Also for a time at first, Miss Gilbert, (the senior nurse), will be especially assigned to guide you during your office period each morning; helping you in the planning of work, your plans in each individual case, selection of problems to be discussed with me and so on."

The supervisor continues—"During the past weeks of your orientation period our efforts have been directed

toward helping you to adjust to our program of work in the public health field; to learn the policies and objectives of our organization; to train you in the necessary techniques of performance. Your case load has in the main been a selected one in order to provide a variety of learning experiences to be found in various types of visits. These have illustrated not only nursing activity but, as well, the inter-relationship between, and work with, other professional agencies in our own and allied fields.

"You have had opportunity also to become familiar with office equipment such as record systems; the supply cupboards; the local reference library and the directory of books available from the central library; the standing order books; equipment for loan and so on. By now, too, you have acquired a workable knowledge of the type of population in this area; living conditions; the general economic status and, what must have confused you at first, how to find your way about. Do you feel you are ready to become established as a regular staff nurse?"

Miss Jones replies—"I am really eager for it. I think I should feel quite insecure though, in emerging from a new to a fully-fledged stage, were it not for the graded type of introduction I have had and the help I know I can anticipate receiving."

The supervisor continues—"That is fine. I am glad that you feel really ready to go ahead. I feel also that you are.

"Coming on to the topic of our discussion this afternoon, I should like now to have you see the identity of your assigned district to the whole area served. Here is a map of the city. We see the location of the administrative building in which are the various offices of administration; the teaching unit where you recently have spent a number of hours; the records office and the central switchboard. Branching out from administration, we see the city is divided into six areas in each of which is located a district office. The personnel of the district office consists, as you know, of a supervisor, a group of staff nurses, and a clerical worker. District areas are in turn subdivided into small districts. A nurse is assigned to each of these. And here, Miss Jones, (outlining the area on the map) is your district."

Miss Jones remarks—"Some districts seem to be larger than others. I expect though several factors enter into this."

Supervisor — "There are indeed. Such things as geographical set-up, congested housing, transportation, observation of case loads with allowance for special activities such as staff education, child health centre, and industrial services are all factors which have to be considered and periodically reviewed."

Miss Jones—"Are most districts fairly uniform in relation to the type of case load?"

Supervisor—"They vary for several reasons. Your district, I know, shows a very good balance of activities. The file we have here contains the active cases in the district at the present time. Were we to stop now to examine them we would find practically every type of visit experienced in your orientation period. As you learned, these are visits to maternity patients which need prenatal and postnatal nursing supervision whether confinement is at home or in hospital; home confinement service if not hospitalized and, in such cases, daily visits after confinement for postnatal care. Infant visits embrace care of the new-born and in hospitalized cases, demonstration of infant care on return; then weekly supervision until the sixth week. Acute illnesses both of medical and surgical nature and patients with chronic conditions comprise another part of the case load. Some operations in the home occur—largely for tonsillectomy."

The supervisor continues—"We will now set before us the equipment you will use in the planning of work each day. Having observed the administration of work in the office you are somewhat familiar with it:

1. *The 'Call for Nurse' slip* on which, as you know, is recorded the detail of a new call.

2. *The 'Case Report' slip* used to record any information concerning an active case such as, 'a patient gone to hospital.'

3. *The 'Weekly Schedule' sheet* which is kept at your desk.

4. *Your District File.*

5. *The 'Daily Plan of Work' sheet* made out each morning—a copy of which is left with the supervisor.

6. *The 'Relief Work' slip* used to submit for assignment by the office administration, nursing cases which you, in arranging the day's case load in your district, find are in excess of the amount you can do.

"Management of the work in your district requires thought and organization in the same sense as you, for example, plan each detail in assembling equipment to bathe a baby. In our type of work where the case load fluctuates from day to day, long-term planning, as observed in some aspects of public health nursing, is impractical. We do, however, obtain direction in organizing our work through a month's range in respect mainly to instructive visits (as illustrated in your district file); a weekly schedule sheet depicting the potential case load of nursing visits for each day and, finally, the daily plan covering the immediate day's load. Have you any questions at this point?"

Miss Jones—"I believe I understand pretty well the handling of the district file, such as factors considered in the spacing of instructive visits and the moving forward of the numerical card each day so that the records of all patients due to be seen on the current date will be foremost in the box. I should like though to know more about planning the weekly schedule sheet. I am not thinking of the things one considers in determining when a patient's visits may be spaced for I feel I understand this fairly well, but how does one avoid being top heavy on some days and low on others?"

The supervisor responds—"We were coming to that but can deal with the question now if you wish. Here is this week's sheet for the district you are taking over. Miss Smith, who has carried the district for some time and is leaving us to be married, made it out. It is well-planned and shows that cognizance of several factors entered into its making.

"In the first column is listed those cases requiring daily care. These, of course, are unalterable until such time as they can be spaced. An exception to this order does, however, occur on Sunday when patients whose condition permits are left to home care. Other cases not requiring visits each day can for the most part be planned on the basis of the overall picture for the week. In doing so you will consider the known factors of each day along with that part of your case load which is flexible, and attempt to equalize accordingly. The known factors I speak of may be those relative to your own fixed assignments such as an afternoon spent in a Child Health Centre which takes you away from the district, or they may pertain to things affecting the group as a whole. As an example of this latter point let us take Monday, as it is the first day listed on your weekly schedule sheet. In this office, Monday is the only clear afternoon in which all of the staff are available for conference. Also on this day the general case load for the district as a whole is usually heavier because of the Sunday gap. Cognizance of such things will direct you to avoid the scheduling of once and perhaps twice weekly visits until later in the week.

"The travel factor you will realize must be ever in mind if one is to plan effectively.

"Saturday is another day which, in advance planning, we avoid loading with patients who are spaced. There are several reasons for this. One is that during the day some calls come in that ordinarily might not be visited until the following day but, because of Sunday, must be seen. Then again at peak periods it is sometimes necessary from day to day to shift visits to non-acute cases to make those to acutely ill and new patients possible. In leaving Saturday less loaded with the flexible type of case it gives us, so to speak, a day's grace all week to get these postponed visits in. Do you get the general idea?"

Miss Jones—"Yes I do. But aren't people apt to be pretty demanding about the days and even the time of day they want their visits?"

The supervisor—"They make requests, of course, and we do give them all the consideration possible. We think primarily and always of the essential needs of the patient. If care is needed on a certain day or at a certain period of the day it will be given then. In general, however, we find on interpreting to our families the objectives of the service and so on, it is usually possible to reach an agreement that is mutually satisfactory. If in the beginning they grasp the idea that they are not just receiving but sharing as well, they respond very readily indeed."

The supervisor continues—"And now are there any points about the daily plan of work sheet on which you are not clear? Also the relief work slip? You have had considerable experience with these already."

Miss Jones—"Yes, I have, and understand I think, what things are considered in planning the day's work such as the order of visits; time factors; travel; selection of overload cases to be turned back on the relief work slip and so on. Also the importance of keeping the office posted should I for any reason alter my original plan so that I can be reached promptly if changes are necessary."

Miss Jones continues—"I have sometimes wondered though how the office knows how and where the overload cases that are turned back can be placed."

The supervisor—"Our planning in the office is done in pretty much the same way as the nurse in the individual district, only we must deal with the case load as a whole and the known factors as they affect the entire personnel. We, too, have a daily plan sheet and also a weekly one. Our daily plan sheet, however, is not made on the current date as the nurse does hers but on the preceding day. To compile it we use the estimate of work for the day in question which each nurse has noted at the foot of the plan of work sheet she hands in to us. This, along with such additional considerations as the number of new calls that have come in, changes as in dismissed cases, and other factors such as conferences, half-days off and so on, gives us a reasonably accurate picture of what the next day will bring.

"Our weekly estimate is compiled from each nurse's weekly schedule sheet which, coupled with other known factors, serves to offer a guide on which to base plans. For example, when reporting to Central Administration I will know as far as it is possible to with a shifting case load, if this office district is likely to need additional help in the forthcoming week or on the other hand I may foresee the possibility of offering assistance to a neighboring district office area. From my weekly sheet, too, I estimate the number of half-days possible on each day, also on what days appointments with staff for individual conference such as this one or a box supervision can be arranged."

Miss Jones—"So that is how it is done! I have heard you say to a nurse: 'You will be turning back work today. May I have your relief work slip quickly?' Now I understand how it can be handled with such ease. But what happens if we have more work than we can do?"

The supervisor—"It becomes necessary then to review the situation, first of all, over the entire city through Central Administration. Nurses may for the time be redistributed. Relief if available is assigned. Then in the district office on such a morning, each nurse is asked to review her case load and plan work on a selective basis. For example, a chronic patient may be telephoned and if it is determined that the visit for the day may be postponed or omitted, this is done. Instructive visits are dealt with under similar considerations. When the process of possible eliminations has been completed, the remaining load is again assessed. Thought is given toward ways and means of accelerating time in each home and still assure for the patient the fulfilment of essential needs. It is really just a

matter of corporate effort toward giving the wheel an extra push. Invariably everything gets done and with surprisingly little overtime at that. You see, a great deal of extra work is not necessarily the order on such days but it requires a good deal of thought and co-operation on the part of everyone. And it doesn't last. Abnormal pressure always lets down after a bit. If it continued we would find Central Administration again observing the need for redistribution of staff and if indicated additional personnel would be sought."

Miss Jones—"Is there ever a time when we are not busy in the district?"

Supervisor—"As our work embraces a bedside nursing program there are naturally periods of the year when the incidence of acute illness is lower and, correspondingly so, our case load may be also. This occurs, however, at a season when vacations are due, and there is, as well, a succession of statutory holidays. We may, too, use such periods to work in a concentrated program of staff education—the type of thing that calls for close continuity or, again, a review of demonstrations in nursing procedures, which are periodically arranged for all members of staff, may be fitted in."

The supervisor concludes the discussion—"I believe, Miss Jones, that we have now covered the main points which I wanted to bring to your attention before placing you in your own district. Shall we briefly summarize what these have been?

1. To indicate to you the relationship of your preliminary preparation for our type of work, to effective district management.
2. To show that planning is essential.
3. To offer you certain tools to be used and direction toward using them.
4. To create in you, through the opportunity to see a relative part of the larger machinery in administration functioning, a sensitiveness toward our interdependence upon one another and your individual responsibility as a contributor in a united effort.

"Before we leave I should like to suggest a reference for reading that I think will be helpful to you. It is the chapter 'Helping the Nurse to Plan her Work Effectively' in Ruth Freeman's book, 'Techniques of Supervision in Public Health Nursing.' It is available for loan in our Central library.

And now, Miss Jones, shall we call it a day? I noticed on the bulletin board that your team is bowling first this evening so you will want to hurry away. It's fun to play, isn't it? And a grand way indeed for members of a large staff to know one another."

Accounting for Nurses

PERCY WARD

MORE THAN ONE-HALF the hospital administrators in North America are nurses; approximately one-third are lay, and the remainder are medical doctors. Lay administrators, on the average, receive about one-half the salaries paid to administrators who are medically-trained. Nurse administrators receive about one-fourth of the salaries paid to medically-trained administrators and about one-half the salaries paid to lay administrators. Why?

Medically-trained hospital administrators are usually to be found in the largest hospitals only. They, therefore, are not properly appropriate to the following comparisons because these large hospitals also employ a trained accountant or business manager in addition to the medically-trained superintendent.

The indications are that the higher salaries paid to lay hospital administrators are concerned with the economic and accounting aspects of hospital work. Is there any reason why a nurse should not be competent and

efficient in understanding economic and account matters? If there is a reason, it has never been obvious. But it has been impressed upon the writer that the average nurse and nurse administrator is not interested in economics or financial figures. Interest in anything is dependent upon knowledge. No person is ever interested in that which they do not understand. Would it be correct to assume that the average nurse has been so impregnated with the ideals of "carrying the lamp" that she is inclined to forget that no lamp will continue to give light unless it is continually trimmed and replenished with oil.

Nursing the sick calls for the best in human relations. It is often difficult to be sympathetic and practical at one and the same time, yet sentiment can easily become mere mawkish sentimentality. Nothing inimical to human sympathy and consideration for others need result from being careful and systematic. Waste need not be deliberate; it occurs through lack of care and foresight. Wise foresight is not possible unless the administrator knows what is happening, and why. Records, properly classified, are the medium through which the administrator can learn what is happening.

What is accounting? When a patient is linked to a cardiograph, the incidents happening to the heart are recorded on a film. That is accounting. But, of course, it is not economic or financial accounting. However, the principle is the same. The cardiograph is the bookkeeper, the doctor is the accountant, and the cardiologist is the auditor. As a result of recording the heartbeat, studying the marks it makes upon the film, and having the record interpreted by someone who understands it, we learn what is happening, and what it is wise to do about it.

Proper accounting includes several processes. First, work of a mechanical nature—the bookkeeper; second, instruction and supervision to ensure proper classification of entries; and, finally, interpretation as to what the entries and classifications mean in economic terms. If a nurse administrator does not know enough to be able to judge whether a financial statement is properly compiled, and does not know how to read it so that she understands what it means, she is poorly equipped for her task.

It is not our intention in these articles to go deeply into the pure mechanics of accounting, or into a bewildering discussion of debits and credits. But it is our intention to cover several of the fundamentals to enable a nurse to know the difference between a cash statement, a revenue and expenditure statement, and a balance sheet; and to know whether each has, or has not, been properly compiled.

To commence an accounting system upon a proper basis, we must first have a list of everything we possess and, opposite this, a list of everything we owe to others. That is, a balance sheet. What we possess are our assets; what we owe are our liabilities. The difference between the two is our equity, or surplus. To commence an accounting system without a balance sheet is like commencing to build a house without a foundation.

But our knowledge of what we possess and what we owe can be expressed only in a still photograph as things are at a given moment of time. From that moment our economic position changes and it keeps changing with every transaction we make. These changes are revenues and expenditures, and we compile them into a revenue and expenditure statement. A revenue is that which adds to our assets; an expenditure is that which takes away from our assets. The difference between revenue and expenditure is profit or loss.

But we must be clear as to what is a revenue and what is an expenditure, so that we can distinguish these items from receipts and disbursements. A revenue is that which adds to our assets. We add to our assets when we acquire the right of ownership of a thing, even though we have not yet received it. An expenditure is that which subtracts from our assets. This occurs when we give something away

without compensation; when goods and services are consumed, and as equipment and buildings wear out.

To understand the economic progress of a hospital, it is necessary to distinguish between a revenue and a receipt and between an expenditure and a disbursement. Revenues and expenditures refer to everything of value whether in money or in kind. The terms receipts and disbursements are usually restricted to money. When money is received, it is a receipt. But it may not be revenue; it may be in respect of something we had previously earned and previously recorded as revenue. When we pay out money, it is a disbursement, but it may not be an expenditure. When we pay an account, we are merely cancelling a debt; we are not consuming anything.

Confusing, is it not? But it need not be. To avoid confusion, never mix revenues and receipts, or disbursements and expenditures on the same statement. Always keep them separate.

Revenues and expenditures will tell us whether we are losing or gaining. Receipts and disbursements will not; they merely tell us how much of our assets are in the form of cash. Cash is important, but usually it is only a small part of our total assets.

SPECIMEN BALANCE SHEET

(In condensed form, avoiding technical terms)

ASSETS (What we own)			LIABILITIES (What we owe)		
CURRENT OR OPERATING FUNDS:					
Cash in Bank		$ 1,000.	What we owe our employees and to tradesmen	$ 3,500.	
What patients owe	$10,000.		Other accounts payable not yet paid	500.	(1)
Less uncollectable (estimated)	3,000.	7,000.	Notes (I.O.U.'s)	1,000.	
What the Govts. owe		600.	Sub total:	5,000.	
Supplies on hand		2,500.	Operating Surplus	7,300.	
Prepaid expense (Insurance, etc., paid for in advance)		200.			
Other current assets		1,000.			
		$ 12,300.		$ 12,300.	
PLANT OR CAPITAL FUNDS:					
Value of land		$ 3,000.	Bonds, Mortgages	$ 20,000.	(2)
Original value of bldgs.	$125,000.		Other items which we owe against the plant	5,000.	
Less accumulated depreciation	40,000.	85,000.			
Original value of equip.	20,000.				
Less accumulated depreciation	10,000.	10,000.	Sub total:	25,000.	
Replacement Funds (reserve)		5,000.	Plant Surplus	78,000.	
		$103,000.		$103,000.	
SURPLUS ACCOUNT:					
Surplus beginning of year		$ 82,645.	Operating Funds	$ 7,300.	(1)
Profit for year		2,665.	Plant Funds	78,000.	(2)
		$ 85,310.	Surplus	$ 85,300.	

SPECIMEN REVENUE AND EXPENDITURE STATEMENT

(In condensed form, with explanations)

REVENUE (Operating) (What we have earned)		**EXPENDITURES** (What we have consumed)	
Value of services given to patients at regular rates	$ 50,000.	Salaries and Wages	$ 25,000.
DEDUCTIONS:		Supplies	16,000.
What we have had to write off because of failure to collect or inability to pay	15,000.	Purchased Services (telephone, water, ice, electricity)	3,000.
		Insurance	500.
Net Earnings from services to patients	$ 35,000.	DEPRECIATION:	
		Buildings	1,500.
		Equipment	2,000.
Grants from Governments	10,500.	Repairs, etc.	260.
OTHER REVENUES:		Interest, etc.	600.
Investments	25.		
Donations	1,000.	Miscellaneous	100.
Other	100.		
Revenue (Capital)			
For new buildings or additional equipment	5,000.		
			$ 48,960.
Gain for the year			2,665.
	$ 51,625.		$ 51,625.

SPECIMEN CASH STATEMENT

(In condensed form)

RECEIPTS (Where money came from)		**DISBURSEMENTS** (Where money went)	
From patients	$ 30,000.	Salaries	$ 23,260.
From governments	9,000.	To tradesmen	17,000.
From investments	25.	Special payments.	
Donations	1,000.		
Miscellaneous Receipts	100.		
	$ 40,125.		
We paid out more than we received by	135.		
	$ 40,260.		$ 40,260.
CASH ON HAND AND LIABILITIES:			
Cash in bank	$ 1,000.	Current liabilities	$ 4,000.

In addition to current liabilities we owe a note of $1,000, and $25,000 against our plant funds, but these liabilities are kept separate from current funds because they are not yet due for payment. Against the mortgage we have a replacement fund of $5,000. (See balance sheet.)

An examination of these statements shows that we are low in cash, that we owe a lot of money, and that this year we paid out more than we received. Notwithstanding this, we made a profit or gain during the year. In this case, the profit was partly due to capital income, of which we received $5,000. But our depreciation on buildings and equipment amounted

to $3,500. Capital income is expended through depreciation. An analysis of the complete result shows that we gained $1,500 in capital income over expenditure and $1,125 on operation.

Sometimes we may receive more money than we pay out, and yet sustain a loss. Cash statements are necessary but, when used alone, will not disclose either a profit or loss. They inform us how much money we have available, that is all.

To mix cash entries, and revenues and expenditures on the same statement (as is frequently the case) not only creates confusion of thought but results in misleading information.

Cash statements give information as to what money has been collected, how much has been paid out, and how much we have today. A revenue and expenditure statement shows us the economic road along which we are travelling and enables us to plan.

(To be continued in the June issue)

You *Must* See Toronto!

GENA E. BAMFORTH

SO, YOU ARE PLANNING on attending the Convention! You are coming to Toronto!!! These remarks may not interest you if you have been here before. We shall outline the places of interest and how to get about, to those of you who are making your first trip.

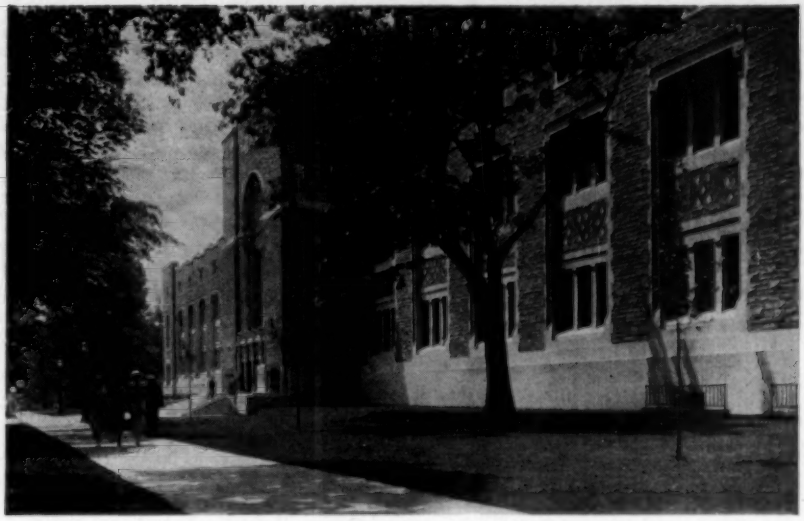
Toronto is on the shore of Lake Ontario. The lake is to the south of the city, if you have difficulty with directions. It would seem that directions are immaterial here, for streets may run north and south or east and west. Avenues know no rule and Roads appear just anywhere. Yonge, the main street, goes directly north from the lake, Bay Street is one block west and parallel to Yonge in the central part of the city. East of Yonge, in order named, are Church, Jarvis, and Sherbourne Streets.

The main intersections crossing Yonge have street-car service. Front Street is nearest the lake. You will be on it when you come out of Union Station or the Royal York Hotel. King, Queen, Dundas, College, and Bloor Streets are the main downtown routes. It is said to be a mile between Queen and College and another between College and Bloor. College Street becomes Carlton Street east of Yonge and Bloor Street is Danforth Avenue when you cross the Prince of Wales viaduct. Maybe it will be easier for you if you get a map of the city at the information desk.

Transportation is not as luxurious as in pre-war days. The Toronto Transportation Commission (T.T.C.) tells us that there has been a 35 per cent increase in numbers travelling since V-E Day. During war years we

Soldiers' Tower, University of Toronto

All photos used in this article courtesy of Toronto Convention & Tourist Ass'n.



Royal Ontario Museum, Toronto

thought crowds could not be larger. However, in July, when you are here, many will be away on vacation. You may never know of what we speak! You must get on one of the "new" cars and just go riding. The cars aren't really so new—Toronto had them several years before the war. They look like buses, only operate by engineering accomplishments common to street-cars.

Where can you go when sessions are out? Of course! You want to go shopping! We can't promise that you will find everything you might like to buy. The best-known stores are on Yonge Street and you will find some delightful places—like Creed's—along Bloor West. You will want to go to the College Street Store (Eaton's). You haven't been there unless you go to the second floor and see the pictures.

University College, University of Toronto

The Art Gallery is at Dundas and Beverley Streets. It is a lovely place to go and is open Sunday afternoons. Often (on Sunday) there is a musicale playing while you wander around and gaze in wonder. We don't ask you to "simply adore" every picture hung there. You will find many schools and periods of art. Our freedom gives us the right to make our own choice.

The museum holds much of interest. If we remember correctly, we were told it is the finest in the British Empire. You will find everything there from chained armour, to early manuscripts, to fine china. Recently Princess Alice took great delight in the exhibition of Chinese Art. You may like to see it also.

Do you remember your Canadian History? You will see it come to life when you visit some of the buildings. You will find the Parliament Buildings in Queen's Park holding firmly to the early legislative heritage from Upper Canada with William Lyon MacKenzie, Bishop Strachan and Dr. Egerton Ryerson. It was the last-named who created the system of taxing all property to provide free education for every child.

Encircling the Parliament Buildings are the "halls of learning", commonly

Interesting reflections at Riverdale Park

known as the University of Toronto. On the campus you will find Convocation Hall, University College, Hart House, the Medical Building and the School of Nursing, to name only a few. We think you will not miss that intangible sense of durability when you stand and look upon the massive stone edifices whose copper roofs long since have turned a soft green. We hope you see them on a bright day when the air is clear and the sky is blue; and all the dreams of the founders seem to be partially realized and the rest belongs to the future. We hope you see them when the sky is gray and, remembering public school memory work, know of what the poet wrote when he penned—

I saw the spires of Oxford
As I was passing by,
The gray spires of Oxford
Against the pearl-gray sky.
And my heart was with the Oxford men
Who went abroad to die.

During July the Varsity Arena will not be alive with students' sports. The Inter-Varsity rugby belongs to the autumn and hockey to the winter. But summer does not leave the stadium deserted. A floor is laid where in winter only ice is known. Here, every Thursday evening, the Prom Concerts with the Toronto Symphony Orchestra may be heard. You may get your tickets before you leave by writing Heintzman Company.

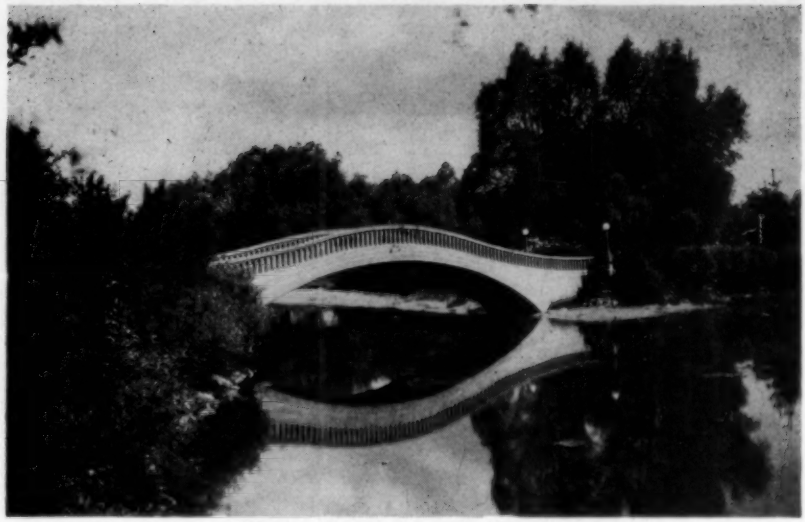
You will want to go places! Out to Sunnyside where you will see the lake. The exhibition grounds are there. You will recognize the names of buildings because of their use during the war. You may go in swimming at Sunnyside or ride a merry-go-round, or enjoy a midway with its hotdogs, pop corn, *et al!*

You will want to go over to the Island. A ferry takes you there. It is an excellent place for a picnic. Its scenery has inspired many an artist. If you dabble you will regret it if you leave your brushes at home.

You will want to go to Casa Loma. A guide will take you through. Here you may see "architecture magnificant." Should this not interest you particularly a view of the city from its tower will be reason enough.

You will want to see Toronto from a high roof. There are several from which you may choose. The private pavilion of Toronto Western Hospital may be a convenient look-out when you go there for more serious reasons. The Royal York Hotel is another when you relax between sessions.

You will want to see the Zoo. It is in Riverdale Park, just a stone's throw from Isolation Hospital. There



Footbridge, Centre Island, Toronto

is everything there—tigers, and lions and polar bears, peacocks and swans and ugly ducklings.

You will also want to go to dinner. Was there ever a nurse who didn't? Of course there are the dining-rooms and grills in the hotel. At noon you will enjoy the Arcadian Court at Simpson's or the Georgian Room at Eaton's or the Round Room at the College Street Store. Along Bloor St. W. you will find Park Plaza (reservations necessary), Dianna Sweets, Chez Paree, and others. Yonge Street has the well-known places, such as Child's and Murray's and Stoodleigh's. We get no commission from the proprietors for these hints, nor can we guarantee that you will not wait in line. These are just a few places we like to go.

So you are coming to Convention! You are coming to Toronto!! You *must* stay longer than four days. You must see the trees, for which the city is famous; High Park and so many places we haven't time to mention. You *must* see Toronto!!

Iron Lungs Used

Emergency international action through the United Nations Relief and Rehabilitation Administration brought six iron lungs by air to Prague, Czechoslovakia, to combat effects of a polio epidemic. The lungs were in service five days after they were requested, according to word received from Herbert H. Lehman, Director General of UNRRA.

Dr. Adolf Prochazka, Minister of Health for Czechoslovakia, appealed to Dr. Gordon Lilico, UNRRA mission medical officer, for all possible assistance in combatting the infantile paralysis, particularly for respirators if they were obtainable. Dr. Lilico immediately cabled Dr. J. G. Johnstone, who is in charge at London of medical supplies for UNRRA in Europe. Dr. Johnstone obtained a broadcast appeal on the Saturday Night Home Service program of the British Broadcasting Company. Within twelve hours, fifty-seven offers of respirators had been received from hospitals in England and Scotland.

Dr. Johnstone began immediate examination of the nearest ones offered, particularly in London. Within two days six of them were loaded aboard planes. Not many hours after they were in service in Prague hospitals.

—*UNRRA News*

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

The Admitting Office Nurse in Action

JOSEPHINE MORGAN

FOR SHEER INTEREST, I doubt if any department in a hospital offers more to a nurse than the much disparaged and oft misunderstood Admitting Office. A popular magazine carries a monthly article entitled "Drama in Everyday Life"—perhaps that covers my conception of a nurse's impression of every day she spends professionally in an Admitting Office. Assuming the Winnipeg General Hospital to be a representative Canadian hospital, its Admitting Office is probably the average of such, and as its nurse for twenty-two years my impressions of that position may perhaps be those of others engaged in the same work elsewhere. When our esteemed former superintendent, Dr. George F. Stephens, in interviewing me regarding employment, outlined the routine requirements of this position, he finished by saying wisely, "After that, it is anything you wish to make it." It is the "after that" part that has been and still is a never-failing wonder to me. I discovered later that "after that" has no limits, though its fascination is ever new.

Our staff consists of three men and one nurse, and between us we have served 104 years without a break, which suggests a fair amount of satisfaction on our part at least. There are also a stenographer and a messenger boy. The office is a medium between the hospital and "outside" or rather the other way about—booking admissions; slating operations; covering police contacts, accident, dangerously ill and death notifications, ambulance service, and undertakers; and doing practically anything from finding a lost hat to a lost relative! In an emergency we do anything, such as pushing a stretcher, running the elevator, or helping out of the taxi the new maternity patient who didn't quite make it in time.

Our perpetual present-day problem is the deplorable lack of accommodation. That, of course, is universal and a great obstacle to meeting the needs for which a hospital is the only answer. Unlike the stores that are out of this or that, we cannot dismiss the appeal by "So sorry, please." We do try to meet the emergency needs, but elective work goes on a waiting list and stays there from one to four weeks. This we understand varies in different cities, running into months in some places. During the winter months (always the busiest season) this waiting list is often over half the number of the total hospital capacity.

Every Admitting Nurse knows the difficulty of making fair decisions regarding the relative needs of applicants for the available space and how much easier it is to say "Yes" than "No." In this connection, the close co-operation of doctors when they refer their work to us is not only desirable but essential. I cannot overemphasize this major difficulty in the Admitting Office service or the con-

stant feeling of uneasiness that prevails under the handicap of insufficient accommodation.

What about the "admitting" end itself? To begin with, the empty beds for each ward are reported to us at 7 a.m., 1 p.m., and 7 p.m., and the allocation for each new patient is made before he arrives at the desk. Most people come promptly on being notified, having been prepared for a call, and it is fun guessing "Who is who?" as they appear. Actually only a few minutes are needed for filling out an admission card, but the few facts recorded there set up a little background for the individual. This information, added to the doctor's reference, makes what was but a name suddenly become a personality and the booking a reality. The whole episode centres around that patient's interests—he too may have some questions—but in some way an opening has come for making him feel that he is one of us.

Admitting is a constant delight for people really are wonderful things. But here again under the hectic pressure of recent years we never feel free from the urge to hurry more, for the ever-present spectre of "space"—or rather, its lack—is reflected in the multitudinous telephone calls from offices and waiting patients and anxious doctors so that one is afraid of stopping too long. Years ago there seemed to be time to talk to people as they came and went—to hear their stories and to discuss their difficulties (even if only touching the fringe it seemed to be helpful). I trust that time may come again—in our day.

Dull? Never! And it never will be dull either, so long as the human element is an influencing factor and we do not permit "admitting" to become a mere routine of signing cards and ordering beds. Every type and every class of individual comes to us here, for accident and health at least are not allocated by arrangement and all humanity in a cosmopolitan city is potentially on our patron list. As one patient in the outdoor put it to a worker, "It's the likes of us that makes jobs for the likes of you."

I recall the elderly lady who explained that she was taking a semi-private accommodation, though unable to afford it, because she "couldn't bear the idea of going into that public ward with all those men." And there was also the child whose mother had concealed from him that he was going to hospital, who "smelled something" when they turned in at the hospital entrance, and he arrived yelling and unwilling. And, too, there was the foreign visitor who answered "Yes" to everything, and consequently found himself in bed being prepared for an emergency operation. Too, there was the gentle Swedish woman weeping quietly as she spoke to her husband in their own tongue. "What was she saying?" He replied, "Doesn't the nurse remind you of our Katie?" Then, "It is ten years since we saw Katie."

Truly here, where most patients are getting their first "feel" of the hospital, warm friendliness, sympathy, understanding, in short, a welcome, are the ear-marks of a department that suggests a personal and genuine interest in its "folk." Here, too, for any nurse is a precious opportunity for loyal service based on a sense of personal responsibility to one's hospital. Here, too, one finds the day that has been so full of duties and business still must end with a regret for the missed opportunities.

Influenza Inoculations

All United States Army personnel were ordered inoculated during the months of October and November with a new influenza vaccine as a preventive measure against influenza epidemics, the Office of The Surgeon General has announced. The vaccine, made by injecting influenza virus into chick embryo, is to be administered in a single injection. Experimentation with the new vaccine was started early in 1943, but sufficient quantities for mass inoculation were not made available until last year.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association

I Am a District Nurse

BETH LAYCRAFT

A DISTRICT NURSE in the Peace River country! Do these words carry much meaning to you? Three and a half years ago, when I first came north, they meant very little to me. Now they are poignant with meaning of the most vital kind. I remember how cosy my little home was on the cold winter nights with the wood-box full, the airtight heater roaring, my radio tuned in, and my book open. Outside, the coyotes howled and my mongrel pup tried to answer them. Overhead, the northern lights danced and shimmered across the sky, bars of living light now white, now red, now yellow. I remember the long trips on horse-back to see some sick person; the papoose swung in its hammock from the low rafters of the Indian cabin. I can hear the lusty cry of the newborn babe wrapped in a blanket and laid in a soap carton close by the kitchen range. I see the coal-oil lamp flickering pale in the light of the dawn after the night's vigil at the bed of a sick child. Down at the school I went to the dances—"first couple down centre and cut off six." There were walks on summer evenings when the fading twilight of evening became the growing twilight of dawn. I can smell the sharp odor of high bush cranberries and see the branches hanging heavy with the scarlet fruit. How well I recall the weekly mail day and the general excitement therefrom! And there was the time I was bridesmaid at a wedding and another when I helped with the funeral of a friend and neighbor. Often I was lonely too. What wouldn't I have given to be back in the hospital kitchen having morning coffee with the nurses and doctors! But I am working where the need is great and best of all I have the love of the people who turn to the district nurse in their times of trouble and again in their joy.

My first district was at Whitemud Creek, thirty miles from Falher across the Little Smoky River. I shall not forget my first day as the "new nurse." Getting from the railway into the district often presents unusual difficulties. Are the roads passable? If not, why not? and when? And (if you are going to Whitemud) can you ford the river? If not, why not? and when? Water too high? Ice breaking up? River freezing over? And so on. Is anyone from your

Little Smoky River

The gate with homemade hinges

district in town? Now, the nurse of experience always enquires at the railway depot in Edmonton for the pig-shipping day. You see, if people are hauling pigs in, they can easily haul nurses out. Luck was with me. The road and the river were amiable; it was pig-day and a number of wagons were in from my district. A truck was found going down to the river that would drive me there to wait at a homesteader's cabin for the wagon to take me the last twelve miles. The word got around by moccasin telegraph—that mystifying and remarkable method of communication in the north by which news grows and travels—that the new nurse was at the river. So, after dinner in the homestead kitchen, I saw my first patients—a prenatal case, a child with eczema, and a baby whose formula needed adjusting. This business finished, I took two of the children down to the river and taught them to swim. This start in my district is very typical of the work—treatments, health problems, recreation, and travel all mixed up with the ordinary daily living.

Cottage at Worsley

Wagons were a completely new experience to me. The more I see of them the less I like them as a form of conveyance. That first trip through the river ford—bumping, lurching, jolting over the big stones—I thought it would surely kill me. How would I ever bear twelve miles of it? But I gritted my teeth and determined that, if they (the teeth) were not shaken out of my head, I wouldn't give in.

At last as evening came, they pointed out away down the road my little cottage set in sharp relief against the glowing sunset. How many times I was to see this same little cottage at the end of a long and tiring day—the wisp of smoke from the chimney a symbol of its cosy comfort! And always I knew I was really home. I crossed the little footbridge over the ditch, opened the gate on its homemade hinges, and met the nurse I was replacing at the front door.

The district nurses' homes in Alberta are always provided and furnished by the people of the community. Here they had built a three-roomed log house—one room for an office and two for living quarters. It was simply but comfortably furnished and as time went on many things were added for my comfort and convenience.

The office and drug dispensary are equipped and stocked by the Provincial Department of Public Health which also pays the nurse's salary and to which she is responsible. As district nurses only serve in those districts which are isolated from all other medical aid, they must learn to be versatile and adaptable in order to cope with the great variety of human ills and problems which they encounter. Primarily, we are public health workers and our job is to promote healthful and happy living. This is a big order anywhere, and in a rural community where there are no assisting agencies, where ignorance, poverty, illiteracy, and crowded living conditions are all too common, it is big indeed.

First of all, people must be helped

in their health emergencies. It is no use to talk to a mother about her children's school lunches when the father has pneumonia, or to ask about the children's immunization when the oldest son has just been kicked by a horse. There will be time to talk about these things when the illnesses are over. The chances are that after they have been helped through a crisis they will be more receptive to teaching anyway.

So the nurse helps where and when she is able, does what treatments are safe or feasible, and takes or sends the other cases to the closest hospital and doctor. She in no way replaces the doctor but rather is his auxiliary. A fine working relationship soon results. In such and such a situation the nurse knows the doctor wants her to proceed thus. In yet another he prefers her to use such and such a drug. It is a great comfort for her to know that the doctor understands her particular problems and difficulties and is standing by, ready with help and advice when she needs it.

Against this background the district nurse practises public health, holds baby clinics, gives prenatal care and advice, visits schools, does immunization and child welfare work, visits the blind and physically handicapped, counsels, teaches, and fits herself as well as she can into the life of the community.

I had planned to take some postgraduate training at a later date but I was in the district only a short time when I realized that, if I was to give the service I wanted to give, I *must* have it. With the help of loans secured from the Pioneer Credit Union of High River to which I belong, I was able to attend two sessions at the School of Nursing, University of Alberta, and to secure my diploma in Public Health Nursing. But even then I felt the need for still further training. Most of our maternity cases go to the hospital and are confined there but, due to long distances and travelling difficulties, they receive their prenatal care in the district. This surely is a field in itself. Then, too, there is the mother who

The nurse's patients are where she finds them

planned to go to the hospital for her confinement but whose twins arrived a month before they were expected; and the one who gets caught in labor on the wrong side of forty miles of mud or drifted snow. What about these women? I wanted better qualifications for a service that I was often called upon to give. So I went back to university again to take a course in Advanced Practical Obstetrics for District Nurses. As it was designed to meet our peculiar needs it was a very valuable course indeed.

I was two years at Whitemud Creek and would not have missed the experience in pioneer living for anything. From there I came north to Hines Creek where I am still working. This is a little town at the end of the railway beyond Peace River town—veritably the jumping-off place. I am very busy here but in a different way. There isn't the difficulty in travel. I am only twenty miles from a doctor and a hospital. I have a telephone and I live close to the railway. Many people have cars. Homes are generally more comfortable and living not so rugged. In the comparison of these two places in the north where I have worked I find a symbol of the gradual change in the district nursing field from pioneer conditions to those of

established comfortable communities.

In these years my sense of values has changed and deepened. I now appreciate things which I previously accepted quite casually. Now, for instance, how important are bridges? I didn't really know until I lived across the river and had to ford it coming and going. How good is home? I knew that after I had been lost for hours in the bush one cold rainy night. How fine is a car and a road to run it on? How comfortable is a "Bennett Buggy"—that plutocrat of frontier travel. Confidentially, I confess that I once laughed at a "Bennett Buggy", not knowing how it compared with a wagon, or a wagon with a stone boat.

District nursing, like a lot of other things, has its ups and downs, its good days and its bad, but all in all it is a good way to work and to live and I love it.

U.S. Navy in Action

Soon after the declaration of war, Abbott Laboratories commissioned a group of leading American artists to paint a series of pictures dealing with the U.S. Navy's achievements in the various theatres of war. The artists and illustrators chosen included Lawrence Beall Smith, Robert Benney, Howard Baer, Adolf Dehn, Kerr Eby, Don Freeman, Thomas Benton, Joseph Hirsch, and George Schreiber. Upon completion of the series, this collection was donated together with other Abbott groups to the United States Treasury Department for use in promoting the sale of War Bonds.

In order to reproduce a true picture of the lives of men and women in Navy life—from induction, through training, and on actual theatres of war and combat conditions—the artists themselves became Navy men. They lived with their subjects, talked with them, and gained more than a surface knowledge of Navy life, with the result that these pictures show unique depth and sincere understanding.

Some of the outstanding works of this exhibit are the scenes of ship construction by Thomas Benton; the activities of women at war portrayed by Howard Baer's drawings of WAVES engaged in parachute packing and as repair mechanics; George Schreiber's works of life on board a submarine, and the brilliant action drawings of Kerr Eby.

Recently the collection has been put on exhibition in cities and towns throughout the United States and Canada. Last November, "U.S. Navy in Action" was shown at the National Art Gallery in Ottawa. The official opening was attended by Ray Atherton, Malcolm MacDonald, Admiral King of the U.S. Navy, and DeWitt Clough, president, Abbott Laboratories. From Ottawa, the collection was moved to Montreal where it was shown December 10-21 at the Art Association of Montreal. "U.S. Navy in Action" opened in Toronto on February 8, where it remained until the end of the month, when it went on exhibition in London and Windsor.

Eventually, all paintings will be collected and placed for showing in a new Work Art Museum in Washington.

Bad Posture

Poor posture is ugly, fatiguing and damaging to the health, Dr. Jerome S. Peterson, of the New York City Department of Health, says in an article in *Hygeia*, the health magazine of the American Medical Association.

"Poor health, depressed mental attitude and bad posture seem to go together," Dr. Peterson says. "Bad posture will throw the body out of alignment and may do serious damage to the internal organs as a result of unnatural compression."

The writer's formula for improving the posture is: "Stand correctly; stand as tall as possible without rising on your toes. Get your feet a few inches apart and point your toes forward. Hold your head up, your chin in. Your chest should be up. The lower abdomen should be in and flat, but don't strain yourself and don't become stiff. Let your hands hang loosely at your sides. Be conscious of your posture, but try to be relaxed at the same time."

HOSPITALS & SCHOOLS of NURSING

Contributed by Hospital and School of Nursing Section of the C. N. A.

Nurses' Reference Library

HELEN MORISON

Editor's Note: After many years of teaching in the Montreal High School, Miss Morison has undertaken the re-organization of the professional library for the student nurses' benefit. She is available for advice and assistance for four hours a day, five days of the week. Her work has proven an invaluable aid in the students' study programs. A librarian would be a useful complement to the teaching department of every large school of nursing.

THE REFERENCE LIBRARY of the Montreal General Hospital School for Nurses is not a new addition to the teaching unit, but in 1944 it was felt that the material in the library could be made more easily available, and more widely useful to both students and staff, if it were catalogued.

The Dewey system of classification was considered but, as this library is a specialized one, (the nurses have a fiction and general reading library under their own management), it was decided to use the system and subject headings prepared by a sub-committee of the Curriculum Committee of the National League of Nursing Education, in collaboration with the Bellevue School of Nursing, New York, with the help of the American Library Association.

The books are catalogued by author, title, and subject. To bring together all sources of information, cards listing articles in the medical and nursing journals and special pamphlets are placed in the book card catalogue, but cards of a different colour are used. Thus a student referring to the catalogue for information on a particular subject may see at once all available material. Lists of articles in the current journals are announced on the notice board and nurses are urged to request a bibliography on any subject. A vertical file is kept of pamphlets and reprints. A realization of the little free time that a busy nurse has to spend in the library is challenging to the study of ways in which all available material may be brought to her notice, so that she may find quickly what she wishes. A library service that is being developed in this connection is the sending to heads of departments and clinical instructors notices of new material, books, and magazine articles.

The large and well-lighted library makes a pleasant study room. It is situated conveniently at the end of the teaching floor and next to the staff offices. It has an additional collection of textbooks in the Harpell memorial library—left to the school by a former student.

As the library is used constantly for study in the evenings, as well as during the librarian's hours, it is important that all textbooks on a current course of lectures should not be withdrawn from the library. To ensure this a "reserve" basket of textbooks on that subject is kept

while the course is going on, with lists posted of reference reading from these texts.

The library is kept up-to-date by the addition each year of recent books in each department. In addition to this, reprints of special articles on recent medical and surgical developments are obtained wherever possible —printed bibliographies compiled by authoritative institutions and many printed pamphlets issued by government departments and other agencies are sent for as they become available. So the library as it grows provides more and more material, not only for the students but for the staff. In any educational institution the vital necessity of a well-equipped and functioning library is beyond argument in these days when science is moving with such swiftness and urgency.

Patient Education in Tuberculosis Hospitals

A. EDITH FENTON

THE REVERED SIR WILLIAM OSLER once said, "What a patient with tuberculosis has in his head is more important than what he has in his chest." Wiser in his day than most, he thus recognized the great part that the personality, the emotions, and the mind play in effecting cure. One angle of this is our concern in this article.

The importance of increasing patient knowledge and understanding about tuberculosis and its implications as a disease is gaining wider recognition among workers in the field. And logically so, for in the final analysis tuberculosis control, whether we think in terms of the individual or of society, depends on the care exercised by patients. Tuberculosis is spread through the infected individual, and control must begin at the source.

The individual patient also has much to gain therein, for in tuberculosis, probably more than in any other disease, the patient can do much to help in his own recovery, if he knows how. It has long been an established axiom that 50 per cent of the cure is up to the patient. One physician, specializing in tuberculosis, recently stated that in his opinion 90 per cent of the cure was in the patient's own hands. If this be true, nothing is more important than to help the patient understand his responsibility. In fact, it can be a source of great encouragement to the patient to know that he is not a helpless pawn in other people's hands, but that he has a real part to play, a part that is the very foundation upon which much of the effectiveness of the doctors' efforts will depend.

THE APPROACH TO THE PATIENT

The golden moment to begin this education is in the admitting room and on the admitting ward. The patient is most receptive, has plenty of time to think, and his one aim is to get well as soon as possible. At this stage his education should begin with:

1. An understanding that tuberculosis is "catching", and the ways and means by which it is spread from one person to another. Intensive instruction on the care of cough and sputum is of first importance. The use of paper handkerchiefs, bag, and sputum box should be demonstrated in detail, with simple, clear explanations of why and how.

2. A knowledge of the extent and importance of rest in the treatment of tuberculosis and means by which adequate rest can be obtained. Explanation is given of the meaning of rest—complete relaxation, which produces a decrease in respirations and slows the heart action, thus helping to promote healing of the diseased part. The necessity is explained for all activity, even in bed, to be strictly in accord with the doctor's orders.

3. An understanding of the hospital routine and rules, and their contribution to well-

being and comfort. The patient gains an appreciation of the importance of co-operation with the hospital staff in daily care and treatment in order that maximum benefits may be obtained in a minimum of time.

The patient's family and visitors should also be included in an educational service, so that their co-operation may be enlisted and their influence with the patient put to good use. The admitting interview is an opportunity for this, and in one hospital that the writer visited the admitting nurse is on duty during visiting hours for teaching contacts with visitors. A visitors' alcove on each floor is used for this purpose.

Sharing Information with the Patient

Patient education, especially at the beginning, should be largely an individual matter, as there will be differences in intelligence, background, receptiveness, emotional stability, and sense of responsibility. We have heard of a sanatorium that uses a questionnaire at the beginning, as an appraisal of how much the individual already knows or does not know, and understands or misunderstands. The purpose of this is to give direction to educational efforts, to show where concentrated attention is needed, and to stimulate in patients a desire to acquire correct information.

As time goes by, other means of sharing information with the patient are useful. Opportunities in the daily contact of doctor, nurse, and patient are many and varied, and the value of incidental teaching should not be overlooked. Group teaching, through radio, lectures and movies, all have a place. In one Ontario sanatorium, during recent months, a medical question box has been conducted over the hospital radio. The patients send in questions, the interrogator is the public health nurse on the staff, and the answers are given by a member of the medical staff. The radio director reports that this program has an almost 100 per cent listening audience, according to survey. Lectures and movies can, of course, only be used for convalescent patients.

Literature

Excellent literature is available from the Canadian Tuberculosis Association, which, if used with discrimination, can be of real value. Isotype booklets have good diagramatic material and other pamphlets may drive home special points, such as the value of x-ray, follow-up of contacts, tuberculin tests, surveys, etc. Illustrated pamphlets are popular in the visitors' lounge, and a surprising number are taken home. A scrap book, with suitable short articles from current tuberculosis bulletins and magazines, stories of local efforts such as surveys, pictures and history of the sanatorium and its work, odds and ends of good advice attractively displayed, has proved of considerable interest to patients. The book, "Huber the Tuber" by Harry A. Wilmer, M.D., is entertaining as well as informative and is an ingenious method of telling the story of tuberculosis.

The Nurse as Teacher

All teaching is, of course, an adjunct of medical care and instruction. The doctor suggests forms of treatment and explains these to the patient. The nurse should have a knowledge of procedures so that during her more frequent contact she may further explain prescribed treatment and give encouragement as the need arises.

It is well for a nurse to occasionally take stock of herself as a teacher. She should know that mere telling is not teaching, and that "the teacher has not taught unless the learner has learned." Instead of labelling a patient unco-operative, how about asking ourselves why we failed to get the ideas over? The quality of teaching must be judged by results.

Perhaps in no branch of nursing is a nurse's teaching ability given as great an opportunity or put to as severe a test as in the tuberculosis field.

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AUX INFIRMIERES CANADIENNES-FRANÇAISES

Le Recrutement des Elèves-Infirmières

SUZANNE GIROUX

DANS LE BUT d'obtenir quelques renseignements au sujet du recrutement des élèves-infirmières, un questionnaire fut adressé aux trente écoles d'infirmières de langue française de la province.

Vingt-six écoles retournèrent le questionnaire après y avoir répondu en entier ou en partie.

I. Vingt-quatre écoles répondirent à la première question, à savoir:

1. Nombre d'élèves en 1ère année—608; parties pour cause de santé, 55; parties pour autres causes, 82.

2. Nombre d'élèves en 2ième année—518; parties pour cause de santé, 30; parties pour autre causes, 48.

3. Nombre d'élèves en 3ième année—270; parties pour cause de santé, 12; parties pour autres causes, 29.

II. Toutes les écoles répondirent à la question concernant la fiche de santé:

1. 25 écoles ont une fiche de santé pour chaque élève.

2. 23 écoles pourvoient à l'examen physique comprenant Rayons X des poumons, etc., avant l'admission de l'élève.

3. 2 écoles pourvoient au même examen seulement après l'admission de l'élève.

4. 7 écoles pourvoient à l'examen physique annuel.

III. Semble-t-il y avoir plus de difficulté dans le recrutement de vos élèves qu'autrefois? 25 écoles ont répondu à cette question—Oui, 18; non, 7.

1. Les sept écoles qui répondirent "non" attribuent leur facilité aux causes suivantes:

(a) Propagande faite par l'Association des Gardes-Malades enregistrées dans les journaux et à la radio d'où résulte plus ample connaissance de la profession—2 écoles.

(b) Confort, chambre seule, bonne alimentation, bonne répartition du travail et du temps libre—2 écoles.

(c) Aide financière, service de l'Aide à la Jeunesse—1 école.

(d) Meilleures conditions de travail après la graduation—1 école.

(e) Une journée de congé par semaine—1 école.

(f) Bonne réputation de l'hôpital et de l'école—1 école.

2. Dix-huit écoles attribuent leur difficulté de recrutement aux causes suivantes:

(a) Aux exigences scolaires, 11ième année—14 écoles.

(b) Manque d'orientation dans les pensionnats—2 écoles.

(c) Nombre de positions actuellement ouvertes aux jeunes filles instruites, avec salaire attrayant—2 écoles.

(d) Les écoles rurales ne donnent ni la 10ième ni la 11ième année—2 écoles.

(e) Préjugés des parents—2 écoles.

(f) Manque de dévouement—1 école.

IV. Combien d'écoles ou de pensionnats y a-t-il dans la ville où est situé votre hôpital, donnant la 11ième année scolaire?

Ne répondirent pas à la question—6 écoles.
Répondirent vaguement par les expressions:

"en général", "environ", "toutes", "la plupart", etc.— 7 écoles.

Ont donné des chiffres, bien que différents pour des écoles situées dans la même ville—13 écoles.

V. Etes-vous en faveur d'une année préscolaire?

1. (a) N'ont pas répondu à la question—16 écoles.
(b) Sont en faveur—6 écoles.
(c) Contre le projet—1 école.
(d) 2 écoles font actuellement cette expérience.

2. Pourriez-vous loger et nourir ces élèves durant l'année préscolaire?

(a) N'ont pas répondu à la question—11 écoles.
(b) Ont répondu "Non"—12 écoles.
(c) A répondu "Oui"—1 école.
(d) Font actuellement cette expérience—2 écoles.

3. Si ces jeunes filles recevaient une aide pécuniaire, pourraient-elles suivre le cours de la 11ième année dans une école ou un pensionnat de votre ville?

(a) N'ont pas répondu à la question—12 écoles.
(b) Ont répondu vaguement—5 écoles.
(c) Ont répondu "Oui"—4 écoles.
(d) Deux écoles font actuellement cette expérience grâce au Service de l'Aide à la Jeunesse et l'aide aux anciens combattants.
(e) Une école croit qu'avec l'Aide à la Jeunesse il serait possible de payer un professeur privé.

VI. Faites quelques suggestions pour favoriser le recrutement des infirmières:

(a) N'ont fait aucune suggestion—9 écoles.
(b) Propagande, publicité à la radio, journaux, fascicules, etc.—5 écoles.
(c) Relations plus étroites entre les pensionnats et les écoles d'infirmières, invitation à la graduation, visite de l'hôpital, envoi de prospectus de l'école d'infirmières—4 écoles.
(d) Conférences dans les écoles et les pensionnats par une infirmière—2 écoles.
(e) Remédier à la lacune qui existe dans nos écoles rurales et que la 11ième année soit enseignée à la campagne comme à la ville—1 école.
(f) Construction d'une maison pour infirmières—1 école.
(g) Relever dans l'opinion publique l'estime envers la garde-malade graduée, par une plus grande application dans sa vie des principes de la morale et de l'étiquette professionnelle—1 école.
(h) Amender la loi et permettre la dixième année pour une couple d'années—2 écoles.

Il est à remarquer que l'on perd environ 20 pour cent de nos élèves durant les trois années du cours. Les départs pour cause de santé arrivent en 2ième lieu, soit 97 élèves et les départs pour autres causes sont de 159. Pourrait-on diminuer cette perte, au point de vue santé? Il n'y a que *7 écoles* sur 26 qui pourvoient à l'examen physique annuel de leurs élèves. Ne pourrait-on pas dès maintenant dans toutes nos écoles, accorder plus d'attention à la santé des élèves? Non seulement les faire soigner lors-qu'elles sont malades, mais essayer de prévenir la maladie. L'examen physique annuel, la courbe du poids, la bonne alimentation sont des moyens à la portée de tous.

Au point de vue autres causes: Des tests d'orientation me semblent tout indiqués pour éviter la perte tant pour l'école que pour l'élève, occasionnée par le départ de ces élèves.

Le recrutement semble plus difficile dans la majorité des écoles. La cause générale donnée est le manque d'instruction des candidates mais, d'autre part, dans *toutes les villes* ou il y a un hôpital, sauf une exception, il y a au moins *4 pensionnats ou écoles enseignant la 11ième année.*

Des chiffres précis ont été demandés au secrétaire du Département de l'Instruction publique à ce sujet, que voici:

Les renseignements suivants ont été fournis par le bureau des statistiques, section de l'enseignement pour les années 1942-43:

(a) 3,161 élèves sont inscrites en 11ième année comme suit: Ecoles primaires supérieures contrôlées (commissions scolaires), indépendantes, pensionnats: 150 écoles—1,715 élèves.

(b) Ecoles primaires complémentaires: 17 écoles—29 élèves.

(c) Collèges classiques: 14 écoles—1,327 élèves.

(d) Ecoles normales (Dip. Sup.): 17 écoles —90 élèves.

Comme on peut s'en rendre compte, il ne manque pas de jeunes filles instruites dans la province.

Se basant sur ces chiffres, il serait nécessaire de recruter un quart de toutes les élèves inscrites en 11ième année dans toutes les écoles de la province de Québec. Ce nombre serait suffisant pour remplacer nos élèves de 1ère année, 650 (approx.), et nos pertes, 137.

Aura-t-on besoin de moins d'infirmières dans l'avenir? Certes non. "Les services de santé se développent sans cesse. De plus en plus l'on s'occupe de la santé de l'individu et nécessairement, plus de mains sont requises pour ce travail. Les lits d'hôpitaux sont encore plus employés qu'avant la guerre."

Le dernier rapport de la Croix-Bleue, pour ne citer qu'un exemple, donne: En 1943, nombre de cas hospitalisés—1,586; en 1945, nombre de cas hospitalisés—15,550.

Pourquoi les *jeunes filles instruites* ne viennent-elles pas en *plus grand nombre* dans nos *écoles?* Il y a là une étude sérieuse et urgente à faire. Les écoles qui ont des difficultés dans le recrutement feraient bien d'étudier avec soin les avantages qui, de l'avis des directrices, attirent les jeunes filles vers l'école infirmières. Au sujet de l'année préscolaire, le plus grand nombre n'ont pas voulu se prononcer. A peu près toutes sont unanimes à dire que l'école d'infirmière ne pourrait pas se charger d'un tel fardeau. Même les directrices qui se plaignent de la difficulté dans le recrutement de leurs élèves disent, sauf une, qu'elles ont juste la place nécessaire pour leurs élèves actuelles.

Parmi les suggestions faites pour favoriser le recrutement, je mettrais en premier lieu la publicité.

Publicité sur les avantages qu'offre l'école tels que local, chambre seule, etc., examen médical annuel, fiche de santé, succès des élèves aux examens, postes qu'occupent les graduées à l'hôpital et ailleurs.

Publicité dans les pensionnats: Renseigner les communautés enseignantes sur la nécessité d'orienter les jeunes filles vers la profession d'infirmière, profession essentiellement féminine et oeuvre de miséricorde.

Meilleures conditions de travail après la graduation: Une directrice a donné cette raison comme cause de son succès dans le recrutement des élèves et, comme elle voit juste! Le temps n'est plus où deux carrières seulement étaient ouvertes aux femmes: institutrices ou infirmières. Si l'on veut que les jeunes filles se dirigent vers la profession d'infirmières, il faut que les conditions de travail, salaires, heures, etc., soient aussi attrayantes que dans les autres professions. En plus il faut qu'une certaine sécurité soit assurée aux futures graduées, stabilité de travail, de salaire, certitude d'avancement, autrement les jeunes filles se dirigeront logiquement vers les autres professions.

Par qui cette publicité doit-elle être faite? Il y a un proverbe oriental qui dit: "Si chacun balaye le seuil de sa porte, la rue sera nette." Chaque école, il me semble doit faire sa propagande dans la localité où elle est située; l'Association des Gardes-Malades enregistrées de la province de Québec doit, comme par le passé, se charger de l'éducation des groupes, journaux, radio, gouvernements, etc.

Souligner un problème est chose bien plus facile que de le résoudre; n'est-ce pas, toutefois, le premier pas vers sa solution?

Je remercie toutes les directrices qui ont bien voulu répondre à ce questionnaire; je remercie spécialement celles qui ont répondu à toutes les questions; les réflexions et les suggestions constructives d'un certain nombre ont été très utiles et très appréciées.

It has been demonstrated that the foodstuffs which most commonly cause urticaria (hives) are: cheese, chocolate, eggs, fish, milk, nuts, pork, shellfish, wheat.

Notes from National Office

Twenty-third General Meeting

The Canadian Nurse has for several months carried announcements regarding the General Meeting of the Canadian Nurses Association to be held in Toronto, July 1-4 inclusive. Headquarters will be in the Royal York Hotel. Executive meetings will be held on June 28, 29, and July 5. The registration fee will be $2.

Miss F. Munroe, chairman of the Program Committee, has submitted the following tentative program:

The first General Session will open Monday, July 1, at 9 a.m. Members are urged to register early (registration desk will open at 8 a.m.) in order to be present at the Invocation by the Most Reverend Derwyn Owen and the address of welcome by His Worship, Mayor Robert H. Saunders, K.C.

Mr. B. K. Sandwell, editor-in-chief of *Saturday Night*, will be the guest speaker for the Mary Agnes Snively Memorial lecture. His topic is "Some Recent Shifts in Humanitarian Feelings."

The panel discussions already mentioned in the March, 1946, issue of the *Journal* are underway and the following well-qualified and widely known leaders have promised to participate in these panels: Bessie Touzel, executive secretary, Welfare Council, Toronto; Ethel Johns, formerly editor of *The Canadian Nurse;* Bertha Pullen, superintendent of nurses, Winnipeg General Hospital; Mary Mathewson, assistant director of nurses, McGill School for Graduate Nurses; N. D. Fidler, professor of nursing, University of Toronto School of Nursing.

The chairman of Panel No. 1, "Nursing Service in Relation to Community Needs", will be Rae Chittick, first vice-president, C.N.A.; Panel No. 2, "Preparation of Personnel to Meet Community Nursing Service", chairman, Agnes Macleod, matron-in-chief for director general of Treatment Services, Department of Veterans Affairs. There is time allotted for free discussion and summary of points presented after each panel.

The National Sections will hold executive meetings on Wednesday, beginning at 8:30 a.m., general meeting at 9 a.m., and a combined meeting of all Sections at 10:30.

Esther Beith, convener of the Committee on Labour Relations, will present her report on July 3 and Eileen Flanagan, convener of the Legislation Committee, on July 2. We hope there will be free discussion on all these vital matters that affect every Canadian nurse. On Thursday, July 4, E. K. Russell will present a report on the activities of the Committee on Nursing Education. The final business session will be from 2 p.m. to 5:30 p.m. Thursday, when unfinished and new business and election of officers will be considered.

Due to the present strain on hotel accommodation, nurses planning to attend the General Meeting are urged to make their reservations as soon as possible. All reservations may be made through Miss M. Fitzgerald, Room 715, 86 Bloor St. W., Toronto 5. The details of allocating guests to the various hotels are being dealt with in the provincial office. Cards to identify guests will be used as confirmation of reservation and location of hotel.

Catholic Sisters may stay at Loretta Abbey, 86 St. George St., Rosary Hall, 264 Bloor St. E. or

Hotel	Rooms	Accommodation & Cost	Total Persons
Royal York	120 with bath	2 in a room—$3.75 per person 3 in a room—$3.25 " "	240
Prince George	10 with bath 10 with running water only	2 in a room—$5.50 per room 2 in a room—$3.75 per room	20 20
Westminster	5	2 in a room—$2.00 per person	10
Willard Hall	2 3 1	Singles —$1.25 daily 2 in a room—$1.00 per person 5 in a room—$1.00 per person	2 6 5
Y.W.C.A. (Elm St.)	5 3 1	Singles —$1.50 per person (with breakfast) 2 in a room—$1.25 per person (with breakfast) 3 in a room—$1.25 per person (with breakfast)	5 6 3
Park Plaza	5	2 in a room—$3.00 per person	10
Total	165		327

Sisters of Service, 4 Wellesley Place, Toronto.

See accompanying table for information regarding hotels that have promised accommodation.

Summary of Progress Reports

The following reports were presented at the Executive Meeting, March 28-30, 1946:

General Nursing Section: There is no great shortage of private duty nurses apparently in Nova Scotia. A campaign is being carried on throughout the Maritime provinces and in British Columbia regarding nurses appearing on streets and public places in uniform. Hospitals are asked to provide more adequate locker space for private and general duty nurses.

In New Brunswick, a copy of Rules for Disposal of Drugs, taken from an article appearing in the October, 1945, issue of *The Canadian Nurse*, has been sent to every hospital with a request that it be posted in a conspicuous place for the information of private duty nurses when on home cases.

In Quebec there has been very little improvement in the general nursing situation. A plea is made for higher salaries and improved conditions. Many calls remain unfilled, but the situation is improving with the return of members from the armed forces and from the industrial field.

Due to the work of the director of the Placement Bureau in Manitoba, reports show that there has been considerable improvement in the situation, particularly regarding general staff duty. Most of the rural hospitals are completely staffed for the first time in several years. Chief topics of discussion at meetings have been: (1) Manitoba health plan—rural and urban; (2) licensed practical nurses. The Licensing Act, passed in Manitoba last year, includes the setting up of schools for the preparation of practical nurses. The first class began in January, 1946, with an enrolment of thirty.

Public Health Section: News letters, containing extracts of important items of the C.N.A. Executive meeting, November, 1945, have been prepared and sent out to all provincial public health sections. Letters have been sent out requesting the provincial conveners to notify industrial nurses of the publication in the April issue of *The Canadian Nurse* of Miss

Frances Harris' article entitled "What have Canadian Nurses to Offer Industry?"

An institute is planned for the summer of 1946 in British Columbia for public health nurses. Work is still being carried on by the Education Committee in Tuberculosis Legislation in British Columbia.

Alberta reports that a successful and beneficial industrial nursing course was conducted in the north and south of the province in September.

The study of community needs was undertaken by the province of Saskatchewan. Manitoba and British Columbia have made or are making an effort to organize the industrial nurses into a Sub-section of the Public Health Section.

The Ontario group has been studying the role and status of the public health nurse in schools of nursing. The committee formed to study this important subject represents all groups in nursing interested in the education of the student nurse. Both French and English groups in the province of Quebec have undertaken a series of studies on mental hygiene.

In Nova Scotia, recommendations went to the provincial association that one meeting of each branch should be a public health program with the convener of Public Health Nursing in the chair.

Through a regular bulletin, published by the New Brunswick Public Health Nursing Section, the members are kept informed of current events relating to this Section. The Saint John group have had a series of studies on psychiatry.

Hospital and School of Nursing Section: It is with regret that we received notification of Martha Batson's illness and resignation as chairman of this Section. The officers of the Section extend their sympathy and express their gratitude for the time and effort she devoted to the Section in spite of ill health and heavy responsibilities in her own institution. Our good wishes for a rapid recovery accompany her.

Committee on Instruction: This Committee is continuing the study on "How long do we consider a mask clean when in use?" It is evident from reports received that the use of the mask has been overrated and more essential features of technique have been neglected. A more complete report on the above subject will be given at the Biennial Meeting.

British Columbia reports having had a very successful three-day Institute for head nurses sponsored by the R.N.A.B.C. More than one hundred nurses attended. This institute was conducted by Mary Tschudin, educational director of the Harbor View Division of the University of Washington, Department of Nursing Education.

The instructors in Alberta are working on the minimum curriculum as well as first-year qualifying examinations.

The Health Insurance plan and its effect on nursing and nurses has received consideration in the Saskatchewan group. Recommendations have been made to the provincial association.

This Section, in Manitoba, favors joint meetings with other sections as a means of promoting harmony among nurses. Topics studied during the year were: (1) Student-staff relationships; (2) the practical nurse legislation; (3) orientation of general duty nurses.

Standardization of simple nursing procedures has been undertaken in Ontario. Quebec reports having organized a series of lectures at McGill University by Dr. Fred Smith, associate professor of bacteriology, on "New Discoveries in Bacteriology and their Relation to Nursing Techniques." Following this series, standardized isolation techniques have been studied by the instructors' group and recommendations referred to the provincial association for approval. A contest among the students from all the French schools of nursing was launched to encourage students to write articles for publication in the professional magazines.

The New Brunswick group has prepared a new application form for registration and membership.

This Section has approved the ap-

pointment of a nursing school adviser and a study of salaries and hours of duty for nurses in all Nova Scotia hospitals.

A two-day institute, conducted by the general secretary, Canadian Nurses Association, in Prince Edward Island, was well attended.

Coats and Capes for the Nurses of the Netherlands: The following letter has been received from the secretary, Miss A. E. Van Der Leest, Nationale Bond Van Verplegenden:

> Now that the coats and capes you sent to the nurses of Holland are dispersed, I will tell you something about the distribution. From all parts of our country most enthusiastic letters from the nurses are reaching us. The winter is very wet and the coats and capes are a real relief. I think you can understand that after the five years we could not renew our coats, not one of us is in the possession of a waterproof coat. But also the many beautiful winter and summer coats are a splendid help. We are exceedingly thankful for receiving this beautiful gift, for in this time it is difficult and often impossible to get textiles. Therefore it was a great relief to us that we could help the Dutch nurses by means of the generosity of our friends in Canada. I hope the stream of letters that reached us will also come over the ocean, so that the nurses of Canada might know how help was welcome. The packing was so well done that all came over undamaged. In the name of our nurses association I beg to convey these feelings of the deepest thankfulness to your members for the great assistance in our difficulties.

Read some of the letters which have been received from the Dutch nurses and which are included in this issue of the *Journal*.

British Nurses Relief Fund: Further contributions to the British Nurses Relief Fund have been received from British Columbia amounting to $713.25. The list of donations is as follows:

Fort George Chapter	$100.00
Vancouver General Hospital Alumnae Association	300.00
Penticton Chapter	20.00
Kamloops-Tranquille Chapter	50.00
Fort George Chapter	43.25
Vernon Chapter	100.00
Ocean Falls Chapter	100.00
	$713.25

Civilian Nurse Air-Raid Victims Fund: A letter received at National Office from Frances Goodall, general secretary, The Royal College of Nursing, London, England, reads as follows:

"Towards the end of last year when I wrote to tell you a little about the work of the Civilian Nurse Air-Raid Victims Fund, a short account was also sent to Her Majesty the Queen, through whose interest the large sum of £7,500 had been presented to the funds by the generous benefaction of the Maharaja of Darbhanga. I feel certain that you would like to see Her Majesty's reply, and am, therefore, enclosing a copy herewith. I feel, too, that you may like to publish it so that all those nurses who have contributed may know of the interest the Queen takes in this work.

"As you know, it was suggested by the Committee that the remaining funds should be apportioned between the Rest-Breaks Council and Bonchurch Seaside Cottage after a sufficient sum had been set aside for the care of those nurses still needing help from the funds, but before taking any step may I have your official sanction? I may say that I am writing to you now, not only as secretary of the Royal College of Nursing, but also as chairman of the Rest-Breaks Council. This Council aims at providing comfortable country accommodation for short holidays, rest, and recuperation for nurses, and it is a project very dear to my heart, as I do know how much it is needed.

"The Council has been fortunate in having an offer of two suitable houses in delightful surroundings, and if the funds were available I have no doubt at all that the houses would be permanently filled and have a waiting list. Her Majesty the Queen has signified her gracious approval of this scheme, and I feel that you also will be sympathetically disposed towards it.

"Finally, may I say this. The Rest-Breaks Council cannot carry on with its plans until it has an assured initial sum, and I am at present turning over in my mind the ways and means in which this can best be raised. Dominion nurses have been so exceedingly generous in every way during the war that I hestitate to ask them to do anything more, but should there be any further funds for distribution, or should you feel that the plan might be of special interest to your nursing community, I can think of few schemes more worthy of consideration and none which will do more good and give greater pleasure.

"I should very much like to hear from you as soon as you have had time to consider the matter, and look forward to your reply in the near future."

The following are excerpts from the descriptive pamphlet, "Wartime Rest-Break House for Nurses and Midwives", which has been received. The service is officially recognized by the Ministry of Labour and National Service and the Ministry of Health:

The war has thrown a heavy burden on midwives, health visitors, district nurses, and nurses working in civilian hospitals. Many are working longer hours, the strain is unremitting, and they know they can ill be spared to take even a short rest. Accommodation of the pre-war kind is almost unobtainable today and if the tired nurse goes home, much as her family may long to make her welcome and give her the rest she needs, they, too, are usually as busy and short-handed as she has been. For such members of the nursing profession a "rest-break" would make all the difference between carrying on and breaking down from the effects of accumulated fatigue.

These breaks have been described as "recuperative rest" and "diversional therapy." They are not holidays; neither are they convalescence after illness. They represent the "stitch in time" and they are proving the truth of this adage all over the country.

Preventive measures have become a matter of national urgency and a scheme of "rest-breaks" has been devised. At first the scheme had special reference to women in industry, and already there are nine Rest-Break Houses for industrial workers where probably thousands have been saved from real illness or breakdown. Now, thanks to the great generosity of the British War Relief Society of America, similar facilities are extended to nurses and midwives and the Rest-Break House for them is shortly to be opened.

Delightful accommodation in the Bedford Hotel, Buxton, has been made available for the duration of the war through the kindly co-operation of the Railway Convalescent Home.

Employers, authorities, and other responsible officials are urged to see that their staff make use of this House, which is easy of access and well adapted for the comfort of guests. It should be noted that the House is open throughout the year and not for the summer months only. The charge for qualified nurses and midwives is £2:2s. per week; for nurses in training and pupil midwives, £1:5s. per week.

The Queen's Letter

Sandringham, Norfolk,
January 4, 1946

Dear Miss Goodall,

I have put your letter before the Queen and am commanded to thank you very much for sending the interesting account of the work that has been done by the Committee of the Civilian Nurse Air-Raid Victims Fund.

The Queen has read it with admiration, both for the heroism of those undefeated nurses, and for the excellent administration which has enabled the fund to do so much good.

The Queen feels that the provision of facilities for rest and convalescence is a really important duty, nowadays more than ever, and bids me send her cordial approval of the scheme to help the Council in that way with Her Majesty's good wishes for the New Year and always,

I am,
Yours sincerely,
(*Sgd*) DELIA PEEL,
Lady-in-Waiting.

Canada's War Memorial in Britain: We learn through the *British Journal of Nursing*, for February, 1946, that a 600-bed hospital, built at a cost of more than five hundred thousand pounds, is to become Canada's War Memorial in Britain.

The hospital, opened soon after the war began, for sick and wounded Canadian troops, is soon to be presented to the National Trust. It is in the grounds of Cliveden, famous Thamesside house near Maidenhead, which Lord Astor gave to the nation in 1942. At the request of the Canadian authorities, it will become a specialized hospital and will carry out research in children's heart disease.

The site upon which this hospital was erected is one of the most exquisite in the Thames Valley, and all connected with it are to be congratulated that it is to be retained for the benefit of sick children.

Nurses National Memorial Service

The customary annual vesper service for the nurses of Canada will be held this year on Sunday, May 5. The provincial, district, and local chapters are asked to make the usual arrangements for this memorial service. Whenever possible, these should be made in co-operation with local units of the Nursing Sisters' Association.

Nomination Ticket, 1946-48

The following ticket has been prepared from nominations received from the provinces for offices in the Canadian Nurses Association, 1946-48. Nominations from one province, received after January 31, 1946, the final date for submission of nominations, are not included. In each case the names are listed in alphabetical order.

For President: Miss Rae Chittick, 815-18th Ave. W., Calgary, Alta.

For First Vice-President: Miss Ethel Cryderman, Victorian Order of Nurses for Canada, 281 Sherbourne St., Toronto 2, Ont.

For Second Vice-President: Miss M. Jenkins, Children's Hospital, Halifax, N.S.; Miss Agnes Macleod, Department of Veterans Affairs, Ottawa, Ont.; Miss Evelyn Mallory, University of British Columbia, Vancouver.

For Honorary Secretary: Miss E. K. Connor, Central Alberta Sanatorium, Calgary; Miss Lenta Hall, Bedford, N.S.; Rev. Sister Denise Lefebvre, Institut Marguerite d'Youville, 1185 St. Matthew St., Montreal 25, P.Q.

For Honorary Treasurer: Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown, P.E.I.; Miss Elinor Palliser, Vancouver General Hospital, B.C.; Miss Lillian Pettigrew, Winnipeg General Hospital, Man.

The Future of Nursing

ELIZABETH TWEEDIE

THE NURSING PROFESSION was born when one woman cared enough to risk position, reputation, and security to fight to see that her nation took care of its sick and wounded in the best possible way. She had to face great odds, prejudice, sneers, and apathy. Her fight took her to the highest authorities in her government, through the red tape of army tradition, and brought a new healing force to the world. Today every nurse needs to rediscover those fighting qualities. Then our profession will strengthen the nation not only in time of war, but also in peace.

Now that the war of arms is over, the battle for the peace is on. The success of that battle depends on whether or not we Canadians can cure the hates, fears, and greeds which are producing broken homes, delinquency, and the divisions in our national life. What is needed from us is a renaissance of the true spirit of nursing—the spirit which inspires a nurse to give all of herself, her heart, her head, and her hands in the fight for her country.

This renaissance is coming! There is a growing number of nurses in this country, in America, England, and

throughout the world who are beginning to work together not only to heal the sick but to heal the nation. Let me tell you of one. She is an ordinary girl with a good training who chose to be a nurse because it meant a secure future, being a member of a respected profession, and because she had a genuine desire to be useful. Like all of us what she really wanted was a chance to give everything for something great. Today her nursing has an added plus because she has found a new ideal.

She recently had a patient whose illness gave him great pain and little hope of recovery. He was a world figure—the friend of statesmen, labor leaders, industrialists, and ordinary people in many countries. This nurse, who was responsible for his care, had a passion to see that while life remained every bit of his energy should be used to its best advantage. She found that he had always been afraid of pain. As she talked of her own fears and how she had conquered them, he talked of his and, in expressing them, found freedom. She told him of her vision of the service he could render to the world through his friends, and planned with his family how each day could be used to the full. The result was that instead of a fearful invalid, protective of himself he was a man who gave of his heart and wisdom to everyone he met.

The wife of a diplomat who holds an important post for this country found during a visit with this patient the secret of unity with her husband, and how she could best back him in a most difficult situation. A delegate to a world conference, who had just lost his wife under tragic circumstances, came and found not only personal comfort and strength from his sick friend, but also the will to fight for moral leadership at the conference. These are but two of the many to whom this patient gave new purpose and courage.

This is renaissance—where the nurse lives to make her patient great and thus makes her profession great; where we nurse not only to relieve and comfort, but to free men to live and give their best. What will such a spirit, caught by hundreds of nurses in this and every land, mean?

As we learn to live selflessly and together build this new spirit we shall become a force in national life—a force for healing and uniting, a force for moral strength and, therefore, the initiator of a new quality of health. This is our part in bringing peace and security to the world.

Diphtheria

Diphtheria, which reached epidemic proportions in a large part of central and northern Europe in 1942 and 1943, continues to be the leading epidemic disease and is still increasing rapidly in both Finland and Germany.

In Holland, diphtheria has become one of the chief causes of death, as far as infectious diseases are concerned, second only to tuberculosis. France, Czechoslovakia, Belgium, and Austria continue to have high morbidity and mortality rates from diphtheria. Only in Norway has the diphtheria wave reached its peak and begun to subside. The United Kingdom and Hungary have been able to continue methods of immunization in use prior to the war, and have a comparatively low number of diphtheria cases.

—*UNRRA Bulletin No. 19*

Preview

During the past dozen or more years, increasing attention has been paid to victims of poliomyelitis. Treatment centres have been established, large sums have been raised for research, and active preventive campaigns are waged. This is all very laudable but the very volume of the work being done accentuates the scant regard which has been paid to those children who are afflicted with infantile cerebral palsy or, as it is commonly called, spastic paralysis. For a full account of the causes of this condition, the possibilities of the training programs, and the public health problems involved, watch for the series of articles in our next issue. **Dr. Ross M. Campbell, Dorothy Longley, Dorothy M. McKerracher,** and **Leora R. Wright** have compiled a valuable contribution to our literature on this topic.

Interesting People

C. Ethel Greenwood has undertaken the direction of the newly-organized Placement Service under the auspices of the Registered Nurses Association of Ontario. Graduating from the New York Hospital in 1909, Miss Greenwood joined the Canadian Army Medical Corps in December, 1914, and served as a nursing sister until February, 1919. She obtained her certificate in public health nursing from the University of Toronto and in 1922 joined the staff of the Toronto Branch of the Victorian Order of Nurses. After two years she was a made a supervisor, later becoming the specialized supervisor of maternity work. At the time of her resignation from the Order in 1941, she was assistant superintendent of the Toronto Branch.

In 1941, Miss Greenwood returned to the service with the R.C.A.M.C. As home sister she was stationed at Camp Borden for some time. Her opportunity to use her organization talents in setting up the placement service came following her release from the R.C.A.M.C.

Miss Greenwood has always been very active in nursing association activities. She is a past president of the Toronto Unit of the Nursing Sisters' Association and of the Alumnae Association of the University of Toronto School of Nursing. She served as secretary of the R.N.A.O. for two years and has been active on many committees. She was chairman of District 5 in 1928-29.

Despite her busy professional life, Miss Greenwood has found time for other varied interests. For three years she studied journalism at evening classes held by the University of Toronto and was president of the Free Lance Club for one year. She is interested in drama and playwriting and produced a play of her own at a convention session of the R.N.A.O. This broad diversity of interests, indicative of an active, progressive mind, fits Miss Greenwood very well for her latest important role in nursing.

John Palmer, Toronto.

ETHEL GREENWOOD

Several changes have been made among the superintendents of nurses in the Salvation Army hospitals. **Major Marion Neill** has been transferred from Halifax Grace Hospital to Ottawa Grace Hospital, replacing **Major Hannah Janes** who has been moved to St. John's Grace Hospital, Nfld. **Major Mervyn Aldridge** has assumed her duties at Halifax and her place at the Catherine Booth Mothers' Hospital, Montreal, has been taken by **Major Irene Henderson.**

Major Neill received her education at Havergal Ladies' College, Toronto. She studied piano at the Toronto Conservatory of Music before entering upon her nurse's training. Graduating from Grace Maternity Hospital, Winnipeg, in 1924, as a maternity nurse, Major Neill decided to continue her training and entered Grace Hospital, Windsor, on affiliation. Her work has taken her all across Canada as she has been active in Manitoba, Alberta, British Columbia, and Nova Scotia.

Major Neill has taken a keen interest in problems of community health. She represented the Halifax Branch of the R.N.A.N.S. on the Local Council of Women, having been chairman of the Public Health Committee for some years. She was also interested in the work of the Soroptimist Club and was secretary of the Halifax club for the past two years.

Major Janes is going to familiar scenes in her return to St. John's. She attended normal school and college there before taking her maternity training. In 1931 she graduated from the Windsor Grace Hospital. She has held many positions of responsibility during the past fifteen years.

Major Aldridge was educated in England and received her professional training at Winnipeg Grace Hospital. She has nursed in

MAJOR MARION NEILL

EDNA BELDEN

her home hospital, in the Calgary hospital, and at the Vancouver Grace Hospital. She goes to her new appointment with the good wishes of her many friends across Canada.

Major Henderson grew up in Saint John, N.B. She received her training at the Halifax Grace Hospital and for the past nine years has been superintendent of the Evangeline Maternity Hospital and Girls' Home in Saint John.

Edna Belden, R.C.N.V.R., who was decorated by His Majesty King George at Buckingham Palace and made an Associate of the Royal Red Cross, is now a stewardess with Trans-Canada Air Lines.

Nursing Sister Belden was decorated for her bravery in the disastrous Knights of Columbus fire at St. John's, Nfld., which claimed over a hundred lives. Many of the injured soldiers were flown to hospitals out of Newfoundland and it was for her heroic work on these mercy flights that she was decorated.

Miss Belden, who has just graduated from the fifteenth class of T.C.A. stewardesses, enlisted in Toronto in 1942, later serving at St. John's, Nfld., Halifax, and Greenock, Scotland.

Martha Nephew has recently been appointed superintendent of the Cornwall General Hospital. Educated in Cornwall, Miss Nephew graduated in 1923 from the Toronto General Hospital School of Nursing. She studied the problems relating to purchasing for hospitals with the American Hospital Association and holds two certificates from Yale University for special courses in personnel management.

Miss Nephew's professional career has developed largely in the United States. In 1926 she joined the staff of the Receiving Hospital in Detroit and served successively as night supervisor, admitting and operating-room nurse, supervisor of the children's department, supervisor of medical and surgical supplies, and assistant superintendent. In 1943, she became clinic administrator at the Detroit Children's Hospital, which position she left to come to Cornwall.

Ruby Irene Tinkiss has been appointed to a newly-created position as nursing specialist in infant and premature care with the Division of Maternal and Child Hygiene of the Department of National Health and Welfare, with her headquarters in Ottawa.

MARTHA NEPHEW

RUBY TINKISS

Born in Lunenburg, Ontario, Miss Tinkiss received her education in Cornwall. In 1929, she graduated from the Children's Memorial Hospital, Montreal, and spent the next three years as head nurse in the maternity division of the Royal Victoria Hospital, going later to a similar position at the Jewish General Hospital in Montreal. After taking a course in the premature nurseries at Children's Hospital, Boston, Miss Tinkiss went to the Muhlenberg Hospital, Plainfield, N.J. In 1938 she returned to the teaching department of the Children's Memorial Hospital. When World War II brought evacuated children to Canada, Miss Tinkiss was appointed matron of the Receiving Home established by the Children's Overseas Reception Board.

Miss Tinkiss enlisted as a nursing sister with the Canadian Orthopedic Unit in 1941. She served with this unit in Scotland for four years, being promoted to matron in the last year.

An enthusiastic student of ornithology and plant life, Miss Tinkiss became a member of the Glasgow University Nature Club while she was in Scotland. With this club she was able to make several interesting field tours. Miss Tinkiss is also interested in glassware and has studied methods of glass-making in different countries.

Obituaries

Sarah J. Arthur passed away recently at her home in Summerside, P.E.I., at the age of eighty years. Miss Arthur was the first graduate of the first school of nursing on Prince Edward Island. After graduation, in 1892, she engaged in private duty nursing before taking post-graduate courses at the New York Memorial Hospital, at Providence Lying-in Hospital, and also a short course in mental nursing in Denver, Mass. In 1906, she accepted a position on the staff of Falconwood Hospital in Charlottetown, where she remained for three years. Moving to British Columbia in 1909, she was in charge of the Port Alice Hospital and later the Powell River Hospital. For a time she was superintendent at a hospital in Trail, B.C. She returned to her home in 1926.

Miss Arthur was loved by all who knew her and the tribute paid to her was, "A good woman, a faithful nurse, and a true Canadian."

Ella Dixon died recently in her native city of St. John's, Nfld. Miss Dixon was educated at the Congregation of Notre Dame Convent in Montreal and in 1909 graduated from St. Boniface Hospital. She returned to St. John's and served as a visiting nurse with the Metropolitan Life Insurance Company until her retirement in 1936. Miss Dixon was known as a friend by the entire community. During the war years she performed many philanthropic works, chiefly with the Red Cross Society.

Annie Morrison died recently in Vancouver at the age of seventy-six. Miss Morrison graduated in 1902 from the old City Hospital, predecessor to the Vancouver General Hospital. She was matron of the Burrard Sanitarium for some years.

Annie Stackpole, a member of the 1916 graduating class of the Ottawa General Hospital, died recently in Ottawa following a brief illness. Miss Stackpole had been actively engaged in private duty nursing throughout the greater part of her professional life.

STUDENT NURSES PAGE

How to Edit a School Paper

L. A. (DALE) MOLLOY

Student Nurse

School of Nursing, St. Mary's Hospital, Montreal

THIS TITLE should be slightly modified and, if I may take the liberty, be subtitled, "One day of Editing a School Paper with a fair amount of success." The reason for this is that there are no hard and fast rules There is no pattern to follow because, like a designer, a paper is evaluated upon its originality, principally because of competition.

However, competition is not numbered among the worries of a school paper editor. What she is vitally interested in and urgently concerned with is the reaction of the subscribers. The answer to that is most obvious: choose correspondents among those readers who will voice the general opinion on what is "good" material. There and there alone is where a difficulty could arise, although this has not been my experience. Therefore, strict adherence to the rule that a suitable editorial staff is necessary is unquestionably imperative. It may be mentioned here that it is little or no problem to sell anything, but skill is required to create. The adjective "suitable" is employed very generally. Actually it represents several qualities. Correspondents must be energetic, conscientious, willing to the point of being zealous and, lastly, capable. This last is not as important as we are often lead to believe. Without the others, it is, in my opinion, worthless. Meeting a dead-line is, to use the current colloquialism, "no cinch"; especially does this hold true for nurses.

There is hardly any need for me to go into a long description of the daily routine of the average student. How well we know that the mystery of how so much can be accomplished in so few hours (and if we *must* be Churchillian) by so few, still remains unsolved. Therefore any extra-curricular work necessarily presents quite a problem. There is that bug-bear night duty, as one example, not forgetting affiliations, vacations, and outside activities, so that an editor begins to feel very much like a second edition of Simon Legree when she says on a particular date each month, "Have you a couple of hours to spare?" Believe me, I know.

Having chosen the Department Editors, as they are commonly referred to, we now search for an Art Editor who is a "must" in any school paper. Human beings, being what they are, they enjoy cartoons, and, although we have no designs on "out-circulating" the *New Yorker*, we may boast of a certain advantage in that amusing incidents of common knowledge to a few in the hospital, after the first copies are out, are capable of making a grapevine green with envy!!!

The next thing to keep in mind is providing the Composing-room Staff. There is a great deal of typing in eighteen to twenty pages and this

calls for above-the-average interest. Such interest exists, really it does!

The material is all at hand and we are ready to go to press. We are fortunate at St. Mary's in having the hospital printer do our work. There was a time in the beginning when the "Gestetner" machine was used but during the last two years the Duplimat sheets are what we use and that cuts down considerably on a great deal of work.

About now is the time we begin to think of the circulation. Like typing, here is another tedious task, though, backstage, it is of extreme importance. Three hundred copies have to be mailed or delivered personally.

This brief summary outlines the visible organization by which a paper functions. In conjunction, there is the business manager who works with the circulation manager selling subscriptions, attending to supplies and other financial aspects.

Speaking of finances, it may be well to mention the expenses entailed. The Duplimat sheets, typewriter ribbons, pencils, ink, erasers, stamps, and the paper amount to approximately $80 yearly.

Probably a short history of *The Pulse* would prove interesting to those who might contemplate starting a school paper. Nearly seven years ago the senior nurses of S.M.H. realized that the time-old complaint, about nurses being universally recognized as having no interest outside a hospital, held some degree of truth. So, for diversion, they toyed with the idea of producing a paper of their own as a means of self-expression and for reporting on school activities in and out of the hospital. That was their original plan, hoping it would grow gradually. It grew, so we are told, beyond their fondest dreams. Enthusiasm budded from every direction. Staff men gave great encouragement and contributed freely and generously.

I spoke recently to Mrs. Thomas Wheatley, our first editor, asking her to reminisce over the pioneering days of *The Pulse*, with which she is so well acquainted. I sensed that at times the battle was a little tough during those first years. And it is with a feeling of guilt that I attempt to advise on the methods of editing a school paper when actually I walked into something well-established. However it does present the usual trials and tribulations and the greatest of these is the ever-existing struggle to live up to its reputation and to keep a well-balanced monthly issue.

Regardless of how you go about organizing such a project and, yes, regardless of the outcome, providing it reaches publication, there is one thing common to all. A spirit of loyalty, generosity, friendliness among fellow-students is born. That was the intention of the first editorial staff of *The Pulse of S.M.H.* and we are grateful to them for having been the instigators of such a fine, healthy attitude as exists in our hospital.

Six Rules for Life

1. Eat and drink in moderation for your health's sake.
2. Read only the best writings for your mind's sake.
3. Study politics (and watch the politicians) for your children's sake.
4. Read the Bible (at least once) for your soul's sake.
5. Be honest and sincere for your honour's sake.
6. Pick the right man for your husband for Heaven's sake.

—NORMAN LEE *in a letter to the Sunday Express.*

Formula Room

MAJOR GLADYS BARKER

THE FORMULA ROOM at Grace Hospital, Windsor, Ontario, was equipped and furnished by the Alumnae Association. A frigidaire, electric stove, steam sterilizer, tables, and an abundance of cupboard space is provided, as well as a monel metal formula carrier, which will hold about 480 bottles.

All types of formula preparations are kept in the cupboards, such as canned milk, dextri-maltose, dexin, lactogen, casec, lactic acid, S.M.A., protein, glucose-D, Karo syrup, etc., and the usual equipment—double boilers, strainers, egg beaters, spoons, graduates, etc., with which to prepare it.

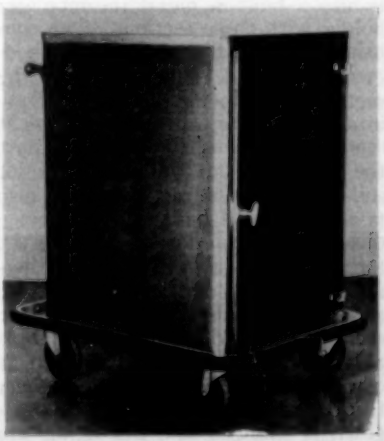
The students rotate every two weeks while they are in the obstetrical department and are taught by one of the nursery supervisors, Miss Margaret Woolcott. The nurse commences duty at 7 a.m. After applying cap and mask, she washes her hands, turns on the stove, fills the kettles, removes the labels from the cans of milk, and puts them in the steam sterilizer to boil for three minutes. Outer wrappers are removed from sterile bundles of bottles and metal bottle covers, spoons, strainers, etc., and bundles of sterile table covers, paper towels, and paper squares, for handling unsterile equipment after she is scrubbed, are laid out. The hands are then scrubbed and a sterile gown donned.

All equipment used in the formula room is autoclaved previous to use. There are about two hundred bottles of formulae prepared each day for the newborn nurseries and children's ward and the nurse receives a formula requisition slip each morning from these departments.

The table is covered with a sterile sheet of double thickness and bottles are placed upon it, along with the other necessary equipment.

The standard nursery formula is prepared and poured into the bottles, rubber nipple applied and enclosed with a metal bottle cover. Bottles of sterile water are also similarly prepared. Bottles containing special formula for the nurseries or children's ward are labelled as such with the type of formula or infant's name as the case may be.

The monel metal carrier was designed by Major Doris Barr, superintendent of nurses, and manufactured



Formula carrier—closed

Open—showing bottle racks

by Metalcraft Company. It is completely enclosed, has rubber wheels, and a rubber guard all around (in deference to the corridor walls, hospital walls being notorious for their battle-scarred appearance from frequent encounters with wheel-chairs, operating-cars, food-carriers, etc., no matter how wide and spacious they may be). It holds four metal trays or racks for the bottles—72 of standard nursery size in each (120 if the bottles are tall and narrow).

The carrier is loaded upon completion of the formulae and the bottles delivered to each nursery. The nurse assigned to the nursery receives the formulae holder and places the bottles in the refrigerator until required. Each nursery is supplied with a nursery formulae room, containing frigidaire, stove, heating container for the bottles of formulae, sink and monel metal table, into which the empty metal formulae racks are placed, just like drawers.

After the babies receive their formula, the bottles are rinsed in cold water and then washed in a warm solution of "calgolac." This prevents discoloration of the bottles due to autoclaving. They are then placed in the empty bottle rack in the table. Soiled nipples are similarly washed and placed in a cotton bag.

The weight table

These metal holders are removed as they are filled and are taken to the obstetrical sterilizing room to be autoclaved. The nipples are taken to the formula room, placed in a second bag, and boiled in a steam sterilizer for five minutes, removed with sterile forceps and placed into a sterile, covered container. The container is likewise sterilized each day.

The soiled bottles in the children's ward are cleansed in the same way and bundled before being taken to the central supply room for autoclaving.

The formulae are usually completed by noon. If new orders for formulae are received later, the nurse is notified and she prepares it accordingly. One holder of sterile bottles is always left for such an eventuality.

Thus the feedings are prepared under supervision and in as sterile a manner as possible. No one enters the room while the formulae are being prepared and the supervisor in attendance wears a mask. The students receive an excellent training in this highly important branch of nursing service.

The Weight Table

The weight table, used in the obstetrical department, was also designed by Major Barr and manufactured by Metalcraft. It is made of monel metal and has a shelf underneath for sterile paper scale-covers and a pail for discarded covers. There is also a built-in metal thermometer holder with three sections. One contains the sterilizing solution (potassiomercuric iodide 1:5000) in which the rectal thermometers are completely immersed; clear water is in the next section for rinsing the thermometers; the third section contains water for soiled thermometers. There are also two other small built-in containers—one for sterile vaseline and one for the forceps. The covered metal thermometer container is removed and autoclaved each day. The Toledo scales are placed on top of the table and the table is wheeled from cubicle to cubicle, a fresh paper scale-cover being used for each baby. The nurse's gown is changed and her hands are washed after handling each baby.

The nurse washes her hands, removes the thermometers from the solution with forceps, rinses them in clear water, applies sterile vaseline, takes temperature, weighs the baby, and records these data in a book. They later charted. The thermometers are wiped and placed in clear water, then washed in warm, soapy solution, rinsed in clear water, and immersed in sterilizing solution ready for the next routine temperatures.

Letters from Near and Far

"Thank You" Letters from Dutch Nurses

Many thanks for your coat! I am very glad with it and it suits me rather well! I hope you receive this letter, for I like to tell you what a great pleasure you made me to send your coat to Holland. It is a beautiful coat, nearly hardly worn. My own coat is already for four years turned over, I mean the inside is now outside.

I have to wear it every day as I am a social nurse. We have consulting-hour every afternoon and have to make visits in the morning by bike. For instance, when a mother has to go to a hospital for an operation and has no relations who can look after her children, we give her an address where her children can be during the time she has to be in the hospital.

Also we have much to do with old people who can't stay any longer alone at home. Sometimes we bring them to a home for old people and sometimes they get a woman to help with the housework for two or more times a week.

In this times there are many people who don't have clothes, then we try to get them by *Volks herotel*—"Folks recovery" of the Red Cross. Here are clothes send to us from America.

There are many civil persons who are injured and miss a leg or arm and then we show them the way how to get a substitution. (I wonder how you call it—we say *Kunstbeen*); the puzzle is who pays. There are lots of other things we do.

All great firms and factories have a social nurse at present here. How is that in your country? I like to hear something about this.

We have had a very bad time last winter. No food, no light, no brand. We went to bed at eight o'clock and rised when it became light, sometimes at nine.

In our work we saw people mad with hunger and we could not help—it was horrible. We were hungry too. Fortunately, my father, who was a physician in the country, had many connections and when I came home with my friends, the farmers helped us with potatoes, wheat, pease, cheese, and butter. Now and then we had a child or woman who ate with us.

We always went to my father by bike—50 K.M. Most people had no tyres. We had, because nurses and physicians got them now and then.

But now we are no more hungry, and the hunger faces are disappeared.

Once more my thanks! And if there is something you like to have from Holland ask it to me please! I hope you will write me once.

—R. M. Gool

I want to thank you very much for the lovely cloak which will be of great service to me.

I have finished with my work as Medical Social Nurse and now I am working for the Nurses' Association. I have one little service to ask of you. My fountain pen has broken and nowhere am I able to replace it or have it mended. Could you possibly get me one and let me know how I can pay you? Many thanks.

—Anny Jansen

Very, very many thanks for the beautiful cape that I got from the Canadian nurses. I am so glad to have one because I did not have one, and have not a raincoat. It is a great gift you have sent to us.

When there is one of your nurses who should be interessed in corresponding with me for some time, to tell each other about the

work we are doing, I should find it very nice to do that and to answer.

I have still one more question to ask: Could it be possible to send to me a small package for a very poor girl, aged 13, who suffers from tuberculosis? What she needs badly is a dress or some underwear. It is only for once and for this girl that I dare to ask it from you. And please do send me some cigarettes or cigarette paper. When you like them, I'll send to you in the next spring tulip bulbs or seeds of beautiful flowers or whatever you like. Perhaps some typical Dutch things or wooden shoes? Please, forgive me when I am indiscreet. I don't mean to be. Looking for your favorable answer.

—J. G. DRIESSEN

We like to write by ourselves to you, but it will be a very bad lettre, because we can't Amerihanisch.

But we will do our best to thank you for the nice coats we received and we will remember it all the time. We alle have great need of it, after so many years of war. The war has nearly broken us, but we have pluck enough to being again.

With many greetings.

—NURSES OF KOCHHOEH OF C. VON KLUFF

I received your coat for which I thank you very much. I was so glad because my coat was worn out and I wear an old coat which was not waterproof. I am a district nurse, you know, and I ride 30 K.M. on my bike every day or sometimes even more.

I live in Gindhoven which lies in the south of Holland.

Next Saturday we have a meeting of the Nat. Association of Nurses for propaganda. This association was founded in 1928 and I have been a member of this association from 1929. If it is possible will you answer me in English please? I think I make many mistakes, but it is a long time ago that I wrote in English.

With many kind regards.

—WILL BORCK

Will you say mine thanks to the nurses of Canada who sent so many clothes to us? I got a nice blue coat for the summer. I am very glad with it, for we cannot buy them. There are so few and they are so dear.

I am a public health nurse, there is much to do, many patients must wait for going to hospital, there are no nurses. We have had horrible years; they seems very long, without end. The Germans has stolen all we had. The worse is many has had their live in a concentration camp in Germany. A brother of mine was there also but happy just in time he was saved by the Americans. He is yet ill, tuberculosis, much go to a hospital, but the doctors says he will be better again.

I was ill for 1½ years, the food was too few, but after the libration by the Canadians, the food came and soon I was better again. Happily I can do my work now.

I fear there shall be many mistakes in my letter. It is perhaps more translated Dutch than real English. Will you give mine thanks lot the nurses, especially that it came from nurses to nurses is so find.

—G. A. STUTVOET

I don't know words enough in your language to thank you for all the clothes you send to your Dutch colleagues. I am so very, very glad with a cape. It is a pity I don't know who was the former owner but there was no address in the pocket or anywhere. I am district nurse in Amsterdam and the last 5 years we could not buy a new raincoat. You'll understand that the coats I have are not any longer waterproof, and Holland a country is where it often rains I longed after a waterproof coat or cape. It is marvellous how we are helped by other countries. Denmark sends us also clothes. Four district nurses from Kopenhage sends us a few times parcels with food and other articles, and from a unknown nurse in New York I got a parcel. We are all very thankful for all you did for our country.

If one of you come to Holland I hope you'll visit us here in Amsterdam. Once more many thanks and colleague greetings.

—JEANNE WIERTS

We both are tremendously pleased to receive the beautiful coats you sent for the Dutch nurses. After five years of war, you can imagine what our coats look like. Worn out and discolored. So we were very glad to get a new one. Specially such thick ones, and so you helped us out of coldness and wetness.

Not only your soldiers have liberated us, but you helped us to dress ourselves.

We both are sisters and live together in our own flat. One of us is district nurse and the other is sister for social work, so nearly the whole day we have to ride on our bicycles.

We hope you can understand our bad English.

—COR TEN BROCH *and* GOEBEL TEN BROCH

Many thanks for the fine coat I received from the Canadian Nurses Association. My own coat was worn out. I am a public health nurse out in good and bad weather. We are so glad the war is over now! We need many things still, but that will soon be better we hope. We are grateful for all you did for us.

—THEODORE J. DEBODE

Today it was raining, the water came pouring down, but for me, a district nurse in Amsterdam, it did not matter anymore. Five years ago my mother thought she could not wear her raincoat any more; it was old and not weatherproof any longer. For the last two years I was very glad to have found it in a cupboard at home, as I had not a coat that could be used and this one looked fine in comparison. But now it is looking awfully shaby too. And there came your coats and capes and I am awfully proud of a nice, warm cape, dark blue with red inside, warm and weatherproof and looking all new. It is made in Vancouver and has V.G.H. on the collar. I made Vancouver General Hospital out of those letters. Is that right? We are district nurses living here in the centre of Amsterdam and all our patients have admired us in them. I think you must have heard rather often about us this last year as it were men from your country that laborated us of the Germans and of starvation we were so near with. We have gained much these 9 months. All is not well yet and it will last several years to rebuild our country in the strict meaning of the word as in the matters of health and morals. But we will fight for it all.

Thank you so much for all your people did for us.

—MARTIEN DE BOER

I had a raincoat, but it was used and no longer waterproof; so I had better not to put it when it was raining. Sometimes I was very desperate, but it was wartime and a new raincoat was not the only thing we couldn't buy. But our Canadian colleages didn't forget us. We received the fine letter of your president (I am executive secretary of the Dutch nurses association and was the first to read it!) and learned that you were willing to help us.

Now I have a very fine raincoat and as we had already a fortnight of rainy days I know that it is really waterproof. Many, many thanks not only for the present, but also for your certificate of friendship.

Whenever we can do something for one of you, please don't hesitate to ask for it.

—MRS. F. C. TONY

My greatest thankfullnes and well meaned thanks for the receipt of your marvellous gift. I myself stood in need of a decent coat and I am assure you that I am in good use of the coat in my duty in the quarter.

There are not yet stuffs here to make a good coat. It is a pity that I don't know the giver. But this fellow-feeling in our troubles draw near.

I hope you'll visit Holland one day when Holland has been restorated a little and I whish to thank you personally and to have a talk, each about his own experiences.

—STINE FRENWELD

With this letter I thank you very much for the coat I received from your association. I'm very glad with it!

For six years it was impossible to buy here something, and now it is still very difficult. Our clothes, as well our underwear as our dresses, are worn out, so such a present is very welcome.

—D. TIMMERS

You will be surprised to receive a letter from Holland, but I will thank you for the coat which I got from the nurses association.

I lost all my winter clothes in the war by bombardment so that you can think how glad I was to get a nice warm coat. A raincoat was all what I had and when I go on my bike to the patients it is too cold.

I hope that you will write me, and ending once more thanking you.

—MARGARET HAGENOOR

Very many thanks for the beautiful cape. I got in yesterday evening after an extremely wet day, when I came home wet to the skin. This morning I was glad to see that it was rainy weather and I put on my cape. However, coming outside, I was very disappointed that it did not rain at all! Happily after a minute it was raining cats and dogs and I enjoyed it, sitting, warm and dry in my delicious cape.

With hearty thanks and greetings.

—E. A. MOLHOEK

Sudan Interior Mission

It is months since I left home but I shall never forget my mixed emotions as our ship steamed out of New York harbor in the early evening of November 14, and the lights of Manhattan disappeared in the distance. There was a feeling of sadness and homesickness as I realized that my home ties were broken, and my last link with Canada was severed. But as I looked out over the blank expanse of ocean before me, there was joy and excitement as I realized that at last I was on my way to start my life work in the regions beyond.

The trip across was very interesting, especially the last five days as we travelled through the Mediterranean. We passed the tip of Portugal and Spain, saw Gibralter at a distance and also Malta.

On the early morning of November 27 we anchored in the harbor of Port Said, Egypt. But it was 10 a.m. before we had finished customs' inspection and the command to "Go ashore" was given. Miss Phyllis Crosbie, a Canadian school teacher, and I were the only missionaries on board, and each of us was travelling to the field for the first time, so you can imagine our excitement as we climbed down the swinging stairs to one of the motor launches which took us to shore.

We were only in Port Said a few hours before leaving by train for Cairo. When we arrived there, darkness had fallen and in that great metropolis of a million people of every race and creed, we surely felt like foreigners in a strange land. However, we managed to book a room in a lovely hotel in the European section, and it wasn't long until we were in dreamland. Next day, we contacted seventeen of our missionaries who were also in the city awaiting plane passage to Nigeria. They had arrived three weeks before us, so from then on we had plenty of company.

We had to wait almost three weeks for plane passage, so decided to make the most of our stay there and go sightseeing. We visited the Sphinx and pyramids (were in King Cheops' pyramid, which is the largest of them all), took a ride on a camel, visited the native bazaars, two mosques, and an old Jewish Synagogue and also the oldest Coptic Christian Church in Egypt. The basement of this last named is in the form of a cave. The Holy Family are supposed to have sojourned there during their flight to Egypt. The church, so these people maintain, was later built over the cave. Of course, there is little likelihood of there being any truth in this story, yet it was with awe, nonetheless, that we entered the cave.

It was a great day, however, when we received word that air passage to Nigeria was available. On December 17, we started off in an R.A.F. transport plane for Kano. I had the unusual privilege that morning of watching the sunrise from the air. The whole trip was quite fascinating as we crossed the Sahara, and below us stretched miles and miles of sandy wastes—not a blade of grass, not a tree, not a single living creature.

We arrived in Kano, Nigeria, the next day. I was speechless with excitement as I set foot in my new, adopted country. This was home—the one I had dreamed of and longed for, for so long. We remained in that city until December 20, spending the time at our own large mission station. While there, we toured the native walled city. We climbed one of its hills and gazed out over the hundreds of mud houses and business offices. It is a Moslem city and no missionary buildings exist within it.

I had been granted two weeks' holiday so travelled south-east to Bununu. It was a beautiful place, way out in the African bush, surrounded on every side by hills. An annual Bible Conference is held there during Christmas week, so I had the opportunity of attending it. The native mud church seats two hundred. It was quite a sight to see the women enter with their babies on their backs, and take their places on the left side of the church. The men sat on the right side. Each service was in Hausa (the language here) and two hours long. The babies got fidgety and were taken out, the older children walked up and down the aisles—but the service went on.

On Saturday afternoon of the conference, five native weddings were held in the church. It is the custom here for the bride to appear ashamed as she walks up the aisle, so each girl had her face hidden in her hands and walked as though she were going to a funeral instead of her own wedding. I found this quite amusing.

Two weeks ago today I travelled south to Minna. Along the way I saw monkeys in the trees, scores of native villages consisting of rude mud huts, hundreds of black people, many of them naked, quite a number of beggars, and one or two native warriors on horseback with their long spears in their hands. This is Africa—just the same as I had expected it to be.

And now I am hard at work in language study. I have three classes a day, each one hour long. One is with a European teacher, one is with a native teacher who speaks English, and one is with a native teacher who speaks absolutely no English. It looks like a hopeless task, but I am plodding along nonetheless.

There was no nurse here when I arrived so I have been put in charge of the dispensary. It is a small work though, with only six to eight patients coming each day. However, this week I had three calls to the village as well. One was an asthma case, one pleurisy and one dysentery. I had to take an older missionary with me to translate. Can you picture me going in the native mud huts, having to stoop to enter the doorways, sitting on old boxes for chairs, examining half naked, dirty black bodies lying on straw mats on the floors? Girls, this is *real* nursing and *so* thrilling! There is no doctor at hand either, and very little to work with. So I have to diagnose, prescribe and administer by myself! Hard?—Yes, very hard!

—DORIS SCOBIE

(*Brockville General Hospital, 1945*)

Some Friendly Tips to Women Air Travellers

"The same principles of courtesy, mutual consideration, and good nature apply to travel by air as by any other mode of transportation. But there are quite a few special customs peculiar to air travel. First-time women fliers will do well to become acquainted with them before taking off on that contemplated trip," says Edith "Betty" Hemingson, chief supervisor of stewardesses for Trans-Canada Air Lines.

Miss Hemingson, who is just twenty-seven, has under her jurisdiction ninety-six stewardesses flying TCA's 5,299 miles of airways from Newfoundland to Victoria, B.C.

Regardless of whether you have already picked up your ticket, report at the desk at the airport, preferably twenty minutes before departure time. Check your luggage and forget about it until you reclaim it in the waiting-room at your destination. It isn't necessary to watch for it being unloaded.

There is no one particular costume more appropriate to air travel than another. Remember that you go very far very fast, and thus may leave Toronto, Montreal, or Winnipeg, for instance, with snow on the ground and a short time later arrive on the Pacific Coast where the temperature is a good deal higher. And remember it's best to dress for comfort when you dress to fly, so that you can thoroughly enjoy the experience of flying.

Don't expect to find a particular seat reserved for you. There will be a seat, of course, but you can take your pick. If you alight at an intermediate stop to "stretch your legs", and wish to keep the same seat for the remainder of the trip, the stewardess will mark it "Occupied."

Travelling by air is the one situation where it is perfectly proper to chew gum—in fact, it is recommended before starting to come down, for swallowing helps to relieve the ear pressure of quickly changing altitudes. The stewardess regularly offers you a stick or two.

It is entirely proper for strangers to strike up a conversation. The experience of flying definitely establishes the propriety of acquaintance-making without introductions.

Don't be afraid to ask the stewardess questions; where you are; what kind of clouds you're flying over; what keeps the plane up—

Courtesy Trans-Canada Air Lines.

EDITH HEMINGSON

anything at all. The stewardess knows all the answers.

Fasten your belt when it is indicated by the illuminated sign up forward. The most seasoned travellers know it is a safety precaution on taking off and landing. Don't smoke when the cabin sign says "NO."

Alcoholic beverages are not served, nor is drinking aboard permitted. On all flights covering meal-time, you will be served a delicious meal. This is part of your passage and you should not offer to pay for it. A hooded light above your seat provides every comfort in reading the latest newspapers, magazines, or route maps which are available from the stewardess. At night the cabin lights are dimmed and you may sleep if you wish. The stewardess will supply a head pillow and blanket and adjust your seat to a comfortable reclining position. Do not offer any tips. TCA employees are not permitted to accept them.

It is very comfortable travelling for babies, no matter what the age. Thirty-six hours old is supposed to be the record to date. If you have not sufficient feedings for the duration of the flight, the stewardess will also help prepare feedings and supply pablum and baby powder. The stewardess will gladly heat a formula. She is a registered nurse and has had special courses in child care. There is a washroom with toilet and dressing facilities at the rear of each plane.

The stewardess will provide you with a telegram blank or writing paper if you wish to have a telegram or letter ready to dispatch at the next stop. You can also arrange to pick up messages at the TCA office in airports along the way.

If you feel like a cup of coffee, tea, hot chocolate, or a sandwich, don't hesitate to ask the stewardess. There is always some on tap, and requires only the press of a call button conveniently placed near each seat.

Book Reviews

Fractures and Orthopaedic Surgery for Nurses and Masseuses, by Arthur Naylor, Ch.M., M.B. 288 pages. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1st Ed. 1945. Illustrated. Price $4.75.

The Proposed Curriculum for Schools of Nursing in Canada includes orthopedic nursing under the general heading of surgical nursing for which some 80-90 hours of classes are proposed. With the many advances being made in the field of orthopedic surgery, the profusely illustrated text by this eminent British surgeon can assist greatly in enriching the student nurse's understanding of her role.

Orthopedic surgery is defined to include "the prevention as well as the treatment of the injuries, deformities, and diseases of the skeleton, joints, ligaments, cartilage, tendons, bursae, muscles, and their nerves, by mechanical, manipulative, surgical, and re-educative means." After describing the correct use of orthopedic apparatus, orthopedic operative technique and general methods for the correction of deformity, Dr. Naylor discusses the treatment for a wide variety of orthopedic defects in considerable detail. The vocabulary is sufficiently simple to make the text suitable for junior students.

Pattee's Dietetics, by Alida Frances Pattee. Revised by Hazel E. Munsell, Ph.D. and others. Published by G. P. Putnam's Sons, New York. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 23rd Ed. 1945. Illustrated. Price $3.75.

First published in 1903, this textbook, long familiar to nurses, has been completely revised and reset in clear, easily-read type. Following the outline set down in the Curriculum Guide for Schools of Nursing, the material is arranged in the systematic fashion so important to a good textbook. Part I deals with nutrition and brings in all of the latest findings of nutritional research. Many illustrations increase the value of the textual material. Tables showing the amounts of the various food constituents in average servings are conveniently placed throughout the book for ease in reference. As an aid in calculating diets, values for protein, fat, carbohydrate and energy value are given for each recipe.

In Part II, Diet Therapy is fully outlined,

much of the material being re-written and all of it up-to-date. An impressive list of authorities assisted with the revision of this part. Part III, the Practical Application of the Principles of Nutrition, contains a wide variety of useful recipes. These are indexed separately, which is helpful. The appendix contains a wealth of information compressed into tables for convenient reference.

A reliable successor to the earlier editions.

Health Care of the Family, by Ramona L. Todd, Ph.D., M.D. and Ruth B. Freeman, R.N., M.A. 530 pages. Published by W. B. Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 1st Ed. 1946. Illustrated. Price $3.50.

Cognizant of the important role the homemaker has to play in the successful implementation of all the health teaching the health authorities may give in the community, the authors set themselves to interpret the basic facts and practical applications of health care on the level of normal adult understanding. The first seven chapters are devoted to discussions of how to secure a healthful home environment, the principles of disease prevention, and a brief description of the common communicable diseases under chapter headings of the different modes of transmission.

Prefacing Part II, Reproduction, the authors state, "The physiology of pregnancy is of direct interest to every man or woman who has founded a home." So, the anatomy and physiology of the sex organs is fully outlined to provide "the basis for the development of healthy attitudes and practices." A chapter is devoted to various aspects of the menstrual function. Details of prenatal care, the delivery, and the hygiene of infant care are given. The major health problems which may arise in children and the parents' responsibility for the child's social development are clearly portrayed.

Part IV deals with home care in the event of illness. The instructions given are simply detailed so that an inexperienced person may profit by them.

This text would be eminently suitable for a course in health with senior high school or university students. It also would be a most useful addition to the public health nurse's library.

Checking Malaria

The Italian people are co-operating wholeheartedly in the campaign being waged by their government and the United Nations Relief and Rehabilitation Administration to stamp out malaria and other diseases by killing mosquitoes and insects, according to reports to Washington from the Italian UNRRA mission.

In the small Commune Pomezia, most of the population of 4,500 were stricken with malaria. It was necessary to spray more than 20,000 acres of land with DDT to destroy mosquitoes. Homes in the area were also sprayed. An UNRRA representative reported:

"Spraying units were greeted with warm gratitude everywhere. Everyone in each family was getting things ready for them, moving furniture, making the necessary room, and helping in every way. At one farm, the two Rossi brothers living together lined up their families, including sixteen people, children and grown-ups, who had had malaria. All of them showed immediate willingness to help UNRRA help them. The same attitude has been evident everywhere that UNRRA has been helping the Italian authorities in the DDT spraying."

At Formia, Fondi, Minturno, and Scauri, in Latina province, more than 2,500 homes were disinfested. At Fondi, instead of spraying individual homes, the workers tried an experiment of spraying two large concentric circles around the town itself to erect a poison barrier to mosquitoes breeding outside.

The Pontine marshes, a malarial poison spot once drained by the Italians, had been flooded again by the retreating Germans and the old mosquito-breeding tendencies restored. Allied military authorities did the initial drainage work of restoring pumping stations, removing canal obstructions, repairing bridges, removing mines, and "dusting" the marshes with Paris green poison, from airplanes. UNRRA arranged for the use, by the Italian government, of 7½ milllion lire to continue the work. It was also requested to lend personnel and equipment to disinfest certain areas which had been missed.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Phyllis Morrison (Toronto Western Hospital and public health course, University of Toronto) has been re-appointed to the Toronto staff following discharge from the R.C.A.F. Nursing Service. *Helen Bradley* (Regina General Hospital; B.Sc., University of Saskatchewan) has been re-appointed to the Regina staff following discharge from the R.C.A.M.C. Nursing Service.

Marion McEachern (Victoria Hospital, London, and public health course, University of Western Ontario) has been appointed to the Brantford staff. *Doceil Eldred* (Saskatoon City Hospital and public health course, University of Toronto) has been appointed to the Winnipeg staff.

Mariette Turcot has resigned from the Montreal staff to be married. *Norlaine* (*Burnette*) *Fox* and *Mrs. A. Courtenay* have resigned from the Toronto and Montreal staffs respectively to rejoin their husbands. *Doris* (*Campbell*) *Streib* has resigned from the Toronto staff. *Mrs. Laura Gordon* has resigned from the Montreal staff.

Nursing Sisters' Association of Canada

By kind permission of Matron Doris L. Kent, the *Toronto Unit* recently held a bridge at the Christie St. Hospital. Matron Kent received the guests with the president, Mrs. Gilbert Storey. Many nursing sisters of World War II were present. The proceeds were for the entertainment of delegates to the biennial meeting which will be held in Toronto on July 2. Edith McAlpine was the convener of this successful event.

The corresponding secretary, Miss H. Heffernan, 84 Jameson Avenue, Toronto 3, would be pleased to have the correct addresses of nursing sisters of World War II who have received their discharge so that membership in the association may be sent to them.

McGill University Offers Another Post-Graduate Clinical Course

McGill University, through its School for Graduate Nurses, offered last year a post-graduate clinical course in psychiatric nursing leading to a certificate and it is proving to be a very worthwhile and successful project. Students enrolled in this course will graduate at the approaching Convocation in May.

Another post-graduate clinical course of one year is now being planned in *Obstetrical Nursing* to prepare qualified graduate nurses as supervisors and teachers in this special field. It is open to applicants eligible to matriculation in the university who have had at least one year of experience as a graduate nurse and who have had not less than six months' experience in obstetrical nursing.

The course, which is being organized on a sound educational basis, begins next September. This first month is spent in the field for the purpose of orientation. At the end of the university year, two months of concentrated field work are provided to afford opportunity for practice.

Post-war needs indicate that obstetrical nursing will play an important part in infant and maternal welfare services, and well-qualified graduate nurses are urgently needed for leadership in this special field.

What is "Acid-Moisture"?

How Z. B. T. Baby Powder Helps to Resist Moisture Dermatitis in Infants

Dermatitis in infants brought about by wet diapers, clothes and bed clothes is a common and troublesome condition. Because of it the busy physician is often faced with questions from anxious mothers. While normally acid because of uric acid content ($C_5H_4N_4O_3$), urine is sometimes converted into an alkaline irritant in the "ammoniacal diaper" by urea-formed ammonia (NH_3).

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Z. B. T.—the only baby powder made with olive oil

Ontario Public Health Nursing Service

Janet Burnett (Hamilton General Hospital and University of Toronto public health course; R.C.A.M.C.) is now with the Simcoe County School Health Service.

Evelyn Watts (Hamilton General Hospital and University of Toronto public health course; R.C.A.M.C.) has resigned from the Kenora Board of Health.

Department of Veterans Affairs Corner

New Appointment

Miss E. E. Rossiter, R.R.C., of Comox, B.C., has recently been appointed Western Regional nursing consultant, Department of Veterans Affairs. She will work in conjunction with Mr. G. C. Derby, Western Regional administrator, and Dr. Wallace Wilson, Western Regional medical officer. Miss Rossiter will have her headquarters in Vancouver when she is not visiting the Departmental hospitals and institutions from Manitoba to British Columbia. Since her return to Canada in 1945 she has been at Shaughnessy Hospital, Vancouver, until her present appointment. The Department and particularly the Matron-in-Chief is very happy to welcome her to her new position.

Tuberculosis Nursing Course

The new post-graduate course in tuberculosis nursing for D.V.A. nurses, which was started in March, 1946, at Mountain Sanatorium, Hamilton, came about as a result of the Sanatorium needing nurses to look after D.V.A. patients, and the Department of Veterans Affairs needing more nurses with Tuberculosis Nursing training to staff its tuberculosis hospitals and divisions. The Sanatorium is beautifully situated in spacious grounds high above the city of Hamilton. The hospital buildings are well equipped and modern in every way. The nurses' quarters are most comfortable. The medical superintendent, Dr. Playfair, and the superintendent of nurses, Miss Ewart, as well as the medical and nursing staff, have been most enthusiastic and co-operative in making the course a real success. The nurses chosen for the first course seemed to have everything in their favor for a most valuable and happy two months' study program. The second group is ready to follow immediately upon the completion of the first course at the end of April.

The Department of Veterans Affairs recognized the hesitancy of nurses to enter a field of nursing they are not specifically trained for, yet it is faced with a very serious shortage of nurses familiar with this particular type of nursing, and this when the Department's tuberculosis hospital accommodation is being taxed to the utmost. If our veterans are to be cared for properly it is absolutely imperative to have more tuberculosis trained nurses in Department of Veterans Affairs hospitals. As a result of this situation the course at Hamilton was arranged. Notices went out to all Departmental hospitals, and nurses were urged to register for the course, and so secure a *bona fide* post-graduate course, as well as to help establish correct sanatorium methods in the Department's tuberculosis hospitals and divisions.

The course is given to the nurses with the understanding that they will be available for employment in Departmental tuberculosis hospitals and divisions for at least one year after completion of their course. A certificate will be issued by the Mountain Sanatorium and the course will be credited by the Department of Veterans Affairs as a post-graduate course in this specialty.

The number of nurses signed up for the course is most gratifying, and two other sanatoria have now indicated their interest and their willingness to provide post-graduate courses for the benefit of D.V.A. nurses. Let us hope that we will no longer have nurses refusing to care for tuberculosis patients, and that all nurses caring for our tuberculosis patients will be fully prepared.

—Agnes J. Macleod

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R.C.A.M.C. Nursing Service

The following Nursing Sisters have recently been mentioned in Despatches:

Leona C. Allen (Toronto Western Hospital); *Phyllis G. Beamish* (Hotel Dieu Hospital, Kingston); *Mary S. Bell* (Royal Jubilee Hospital, Victoria); *Doris M. Boddy* (Toronto Western Hospital); *Mary E. Bray* (Montreal General Hospital); *Catherine M. Brown* (Royal Victoria Hospital, Montreal); *Margaret C. Brown* (Misericordia Hospital, Edmonton); *Madge Burton* (Vancouver General Hospital); *Constance S. Clark* (Royal Inland Hospital, Kamloops, B.C.); *Elizabeth Cleland* (New Toronto Hospital); *Mabel E. Coutts* (Toronto Western Hospital); *Edna L. Covert* (Ontario Hospital, Cobourg, Ont.); *Elizabeth M. Cunningham* (St. Joseph's Hospital, Port Arthur, Ont.); *Florence L. Ferguson* (Royal Jubilee Hospital, Victoria); *Catherine Golightly* (High River Municipal Hospital, Alta.); *Lenore J. Harding* (Ross Memorial Hospital, Lindsay, Ont.); *Margaret Harris* (Hamilton General Hospital, Ont.); *Sarah A. Horning* (Misericordia Hospital, Winnipeg); *Marion E. Jerrom* (St. Boniface Hospital, Man.); *Laura M. Larkin* (St. Michael's Hospital, Toronto); *Gertrude Layman* (Children's Memorial Hospital, Montreal); *Agnes W. Lindsay* (Homoeopathic Hospital, Montreal); *Merle A. MacKay* (Grey Nuns' Hospital, Regina); *Marguerite H. McPherson* (Kingston General Hospital, Ont.); *Annie Meadows* (Moose Jaw General Hospital, Sask.); *Isabel A. Metzler* (St. Michael's Hospital, Toronto); *Gladys M. Meyer* (Cornwall General Hospital, Ont); *Clara M. Morris* (Hospital for Sick Children, Toronto); *Alice R. Mowatt* (Chipman Memorial Hospital, St. Stephen, N.B.); *Mary J. O'Toole* (St. Joseph's Hospital, Glace Bay, N.S.); *Mary E. Robinson* (St. Joseph's Hospital, Victoria); *Gladys J. Roy* (Ottawa Civic Hospital); *Anne Schraefel* (Edmonton General Hospital); *Helen I. Sutcliffe* (Children's Hospital, Winnipeg); *Elizabeth B. C. Tilyard* (Toronto Hospital); *Ruby M. Wilkinson* (Soldiers' Memorial Hospital, Orillia, Ont.); *Ruth P. Smith* (Victoria General Hospital, Halifax).

An Institute for Head Nurses

The R.N.A. of B.C., through its Hospital and School of Nursing Section, sponsored a three-day institute for ward administrators during the latter part of January.

The institute was conducted by Mrs. Mary S. Tschudin, educational director of the Harborview Division of the University of Washington School of Nursing Education. She is also president of the Washington State Nurses' Association.

More than one hundred nurses from all parts of British Columbia attended the institute which was held in the auditorium of the nurses' residence, St. Paul's Hospital, Vancouver.

Following a brief historical review of advances in medical and nursing fields, Mrs. Tschudin emphasized the need for each nurse to be familiar with the objectives and policies of the hospital in which she is employed. The success of each head nurse to a great extent depends upon a co-ordinated and systematic plan of hospital administration. To emphasize this, Mrs. Tschudin clearly illustrated principles of management, the need for established channels of administration, and an overall plan for proper co-ordination of departmental activities. She emphasized that as head nurses we serve other departments because they *serve our patients*. The parts that the head nurse plays as a nurse, a teacher, and an administrator were clearly defined.

Principles of supervision were explained by the use of practical examples when they are applied in the ward situation and supervision was defined as: the function of the head nurse by which she promotes the effectiveness of the personnel in her unit and thereby increases the effectiveness of all departments in *the service of the patient*.

Mrs. Tschudin explained that techniques of supervision depended largely on the ability to deal with human beings by handling individual problems on an individual basis. An important factor in supervision is personality and stress was placed on the statement that a head nurse who is a good supervisor has a sincere interest in the welfare of each of her staff members; she watches each member's contribution with interest; she recognizes special abilities and interests and varies work

and assignments accordingly; she asks the assistance of her staff in her ward planning methods and develops a sense of satisfaction in each member; she helps her staff members to grow in service.

The second and third day Mrs. Tschudin discussed methods and tools of ward management and teaching. She used the blackboard and projector to illustrate various forms used to facilitate work assignments and teaching methods.

Factors that affect bedside nursing time requirements were discussed together with the planning of weekly and daily time schedules. Assignment of clinical experience and methods for controlling experience were discussed as well as the use of rating scales and anecdotal records in evaluating the quality of nursing service.

Success in management, supervision, and teaching methods is best measured by results and Mrs. Tschudin enumerated criteria by which results could be judged.

Throughout the three-day period Mrs. Tschudin's personal charm and her complete mastery of her subject matter held the interest of every member present and members left with a new incentive to use the knowledge gained from such a practical presentation of methods that may be used in successful ward administration.

News Notes

ALBERTA

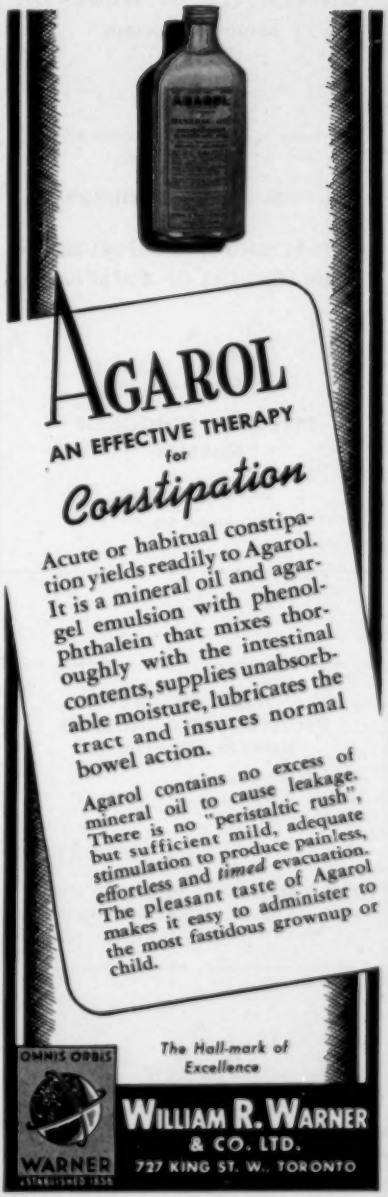
EDMONTON:

University Hospital:

At a recent meeting of the University of Alberta Hospital Alumnae Association over fifty members were present. The Newsletter Committee was nominated as follows: C. Sellhorn, chairman; E. Markstead, Mrs. J. Ward. In charge of arrangements for the annual banquet are E. Eickmeyer, K. Durrell, Mmes R. Stuart, R. Hanna.

Helen Peters, superintendent of nurses, addressed the members on the history of legislation, as it affects the nurses of Alberta, from the early days to the present. M. Clendenning presented the report of the Labor Legislation Committee. This committee was set up to study labor legislation as it concerns the nurses of Alberta.

At a later meeting graduates of other schools, who are now on the University Hos-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Preview

Innumerable opportunities await the public health nurse who is alive to the needs of her community for orthopedic nursing. To point up the opportunities **Gretta Ross** and **Edna L. Moore** have collaborated in the preparation of the article which will appear on the Public Health Nursing Page.

pital staff, were guests. Four films were shown, "Surgery in Chest Diseases" being exceptionally well received. This film depicted the diagnosis of chest diseases, preparation for operation, the actual removal of a lung, and convalescence and rehabilitation of the patient. "Excision of an Abdominal Cancer" showed an extensive and radical operation. To round out the program, "People of the Potlatch", the story of the life of the Indians in Northern B.C., and "The Gay Nineties" were much enjoyed.

BRITISH COLUMBIA

Friday, February 22, marked an all-time high in the annual party of the Public Health Section of the Registered Nurses' Association of British Columbia. The gala event took the form of a Fireside Supper at Alexandra Neighborhood House, and over one hundred public health nurses and guests were present. An excellent buffet supper was served. Later the group adjourned for the first part of what proved to be an exceedingly fine program of entertainment. Ona Wyman, accompanied by Barbara Breeton, rendered two delightful vocal numbers. This was followed by Liszt's "Concert Etude in D Flat Major" and Balakirev's "The Lark" on the piano by Miss Breeton.

A side-splitting farce was then presented by the public health nursing students of the University of British Columbia. Margaret Lattimer was the leading lady, while the supporting cast consisted of Gwen Oxley, Mrs. Vera Boe, Mrs. Ruth Douglas, Bernice Gordon, and Mrs. Frances Lloyd-Young, the latter also being in charge of the stage setting. The skit depicted a student nurse and her morning's adventures in the school medical room. Shrieks of laughter testified to the keen enjoyment of "A Student Nurse's Dilemmas."

Mrs. Charles Borden, the guest speaker, spoke on "Weaving." Her informal talk was amusing, interesting, and informative. The exquisite samples of workmanship which Mrs. Borden showed us, together with her own enthusiasm, created in many of us a desire to do a little weaving ourselves.

And thus ended one of the most successful parties of the Public Health Section. The unprecedented attendance, the obvious enjoyment, and the feeling of good fellowship augur well for the future of public health nursing in British Columbia. Mary Ross and Mrs. John Gibb, convener and co-convener, and their committee are to be congratulated.

TRAIL:

The Trail Chapter, R.N.A.B.C., were hosts recently to the West Kootenay District at the annual dinner. There were eighty-three guests in attendance. At the April meeting of the chapter it was decided to contribute $100 to the "Save the Children Fund." Films on "Pediatric Anesthesia" were shown.

Grace McWhinney has resigned from the Trail-Tadanac Hospital staff.

Vancouver General Hospital:

The following nurses are doing post-graduate

work in the operating-room: P. M. Hairsine, M. G. Heller, D. L. Schmidt, O. Senum, E. G. P. Graham, I. K. Stewart, M. G. Hopkins, N. Leahy, M. Lindsay, V. H. Wilton, M. Smith, E. Staples.

NEW BRUNSWICK

ST. STEPHEN:

At a recent meeting of the St. Stephen Chapter, N.B.A.R.N., items of local interest from the provincial executive meeting were read. Much discussion followed regarding "Uniforms on the Street." Alma Law, provincial secretary-treasurer and registrar, was a guest at the meeting, and gave interesting comments on the Nurse Placement Service Bureau. She also reported that the committee, appointed for the drafting of the bill for the training and licensing of the subsidiary nurse, was hoping to have the bill presented during the spring session of the Legislature. Dr. Norman Cobb gave an interesting talk on his experiences in the Pacific.

Bertha Douglas is now industrial nurse at the Canadian Cottons Mill, Milltown, N.B. Ruth Kennedy is resident nurse at Lonicera Hall, St. Stephen.

ONTARIO

EDITOR'S NOTE: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Gena Bamforth, 54 The Oaks, Bain Ave., Toronto 6.

DISTRICT 1

CHATHAM:

A recent meeting of the Chatham Public General Hospital Alumnae Association took the form of a supper meeting honoring Elsie Philips, Edna Orr, Sue Patterson, and Mrs. Flora Richards. Each one gave an interesting sketch of her overseas experiences. Forty-seven nurses were present and the dinner was followed by a Dutch auction.

LONDON:

Victoria Hospital:

The students of Victoria Hospital School of Nursing were privileged to hear Irene Sadlier relate highlights of her experiences in the Near East. Miss Sadlier, a graduate of this school, answered Britain's appeal to staff military hospitals in South Africa. She served at Durban for two and one-half years. She also told of leaves spent in the Holy Land. Miss Sadlier displayed handicrafts, collected while overseas, such as needle-work, wood-work, and copper-work.

DISTRICT 5

TORONTO:

St. Michael's Hospital:

At a recent quarterly meeting of St.

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School for Graduate Nurses, McGill University, Montreal 2.

Michael's Hospital Alumnae Association, the annual election of officers took place with the result that Margaret Regan is now president. K. Meagher, L. Riley, and M. McGarrell are vice-presidents and the treasurer is Norma O'Connor. Mrs. M. Forrester is corresponding secretary and the recording secretary is Catherine Damon.

Dr. B. Meiklejohn gave an interesting, illustrated talk on "Forward Surgery." It was decided to aid the nurses in the Netherlands and a donation is also to be sent to the War Amputations Society.

Women's College Hospital:

At a recent meeting of the Women's College Hospital Alumnae Association, Georgina Ament, from India, was the guest speaker. Miss Ament, a 1921 graduate of the W.C.H., took a year's post-graduate course in London, England, and then went to Bombay Province in 1923 as superintendent of the leper hospital. Her talk on her work was heard with great interest by the members. Many nursing sisters, recently returned from overseas, were present.

District 8

The annual meeting of District 8, R.N.A.O., was held recently at the University of Ottawa School of Nursing with Marjorie Robertson as acting chairman and some eighty members from Ottawa and surrounding district present. Reports from the various chapters revealed highlights of activities during the year. The members went on record concerning several issues that arose out of the R.N.A.O. executive meeting, as follows: (1) They do not feel that there should be an industrial nurse on the R.N.A.O. executive elected as such, as distinct from the public health representative; but the public health representative could be an industrial nurse. (2) They do not approve the giving of an industrial nursing course without the preliminary public health training.

It was announced that the Ottawa Tuberculosis Association would give free x-rays to all nurses in the district. Gladys Moorhead reported that food parcels have been sent every week to seven Dutch nurses. All nurses have been invited to attend a series of lectures to be given by four local physicians on newer trends in surgery, blood dyscrasia, the Rh factor, and psychology.

The new executive is as follows: president, Marjorie Robertson; vice-presidents, Kate McIlraith, Mrs. Mary MacGregor; secretary-treasurer, Mrs. Beatrice Taber.

Ottawa Civic Hospital:

Some four hundred nurses gathered to honour Emily Maxwell at the Civic Hospital. Many graduates and associates of the O.C.H. were present as well as graduates of the old St. Luke's Hospital and many friendships were renewed and new ones made.

PRINCE EDWARD ISLAND

The Prince Edward Island Registered Nurses Association were very pleased to have

with them for the recent quarterly meeting, Gertrude Hall, general secretary of the Canadian Nurses Association, who remained over to give a two-day course for registered nurses.

Marjorie Cox has accepted a position at the Provincial Sanatorium. Mary MacNutt, R.R.C., who accepted a position at the Government Hospital, Fort Norman, N.W.T., has written about the recent loss of their hospital by fire. Nursing Sisters Gladys Trowsdale, Sally (MacDonald) Hurdle, Bertha Thompson, and Leona Dockendorff are recent arrivals from overseas. Lieut. (N/S) Hattie E. MacLaine has been promoted to the rank of Acting Captain (Matron) and is now at Debert Military Hospital, N.S.

QUEBEC

MONTREAL:

Children's Memorial Hospital:

The staff nurses have completed a study of Parliamentary Law as part of their educational program. New affiliation in pediatrics has been arranged with the Woman's General Hospital, bringing the number of affiliations up to twenty.

Jean Johnson and Gladys Law have been appointed to Ward L and the out-patient department respectively. Miss Law is replacing Mrs. Mildred Hyslop who has resigned. Verna Hopper, formerly with the operating-room, is now supervisor of the cardiac ward, replacing Ruth Akagawa who is now in the training school office.

St. Mary's Hospital:

At a recent meeting of St. Mary's Hospital Alumnae Association, Margaret Kerr, editor of *The Canadian Nurse*, told the members of the problems encountered in publishing a magazine.

Alyce McKenna has resigned as supervisor of second floor surgery and is now in the social service department. Olive Duncan, Joan Coughlin, and Hilda McNeill left recently to take positions at the Lethbridge Hospital, and Kathleen O'Callaghan is now with the Toronto Weston Sanatorium, Sudbury. Mrs. Inez (Goring) Dubée, formerly of Bourlamaque, P.Q., is living in Montreal. Anita McMahon, having spent the last seven months nursing in Athabaska, is also back in Montreal.

Among the nursing sisters recently returned from overseas are D. Marks, M. Breau, and D. McCarthy.

SASKATCHEWAN

HUMBOLDT:

A successful tea was held recently at St. Elizabeth's Hospital under the auspices of Humboldt Chapter, District 3, S.R.N.A. Tea was poured by Mmes Heidgerken, Murphy, Ogilvie, and Hengen. The S.R.N.A. handicraft exhibit and articles contributed by the hospital staff were on display.

Helen Bending, public health nurse for Humboldt district, recently left for Swift Current to join the health unit there.

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By Ella L. Rothweiler and Jean Martin White. An outstanding textbook for nursing classes. The latest edition contains three new chapters on "The Nurse and Health Conservation," also material on blood and plasma banks and on the iron lung. Eleventh printing. 793 pages. 144 illustrations. $4.00.

FOOD IN HEALTH AND DISEASE

By Katherine Mitchell. This well-proved textbook for nurses (fourteenth printing) consists of: Part I. Food and Nutrition; Part II. Diet in Disease; Part III. Laboratory Outlines; Part IV. Outline of the Course in Dietetics. Contains the latest material on vitamins. 528 pages. 50 illustrations. $4.00.

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MOOSE JAW:

At a recent dinner held by Moose Jaw Chapter a welcome was extended to Audrey Wilson who has been relieving Kristie Jamieson at the Provincial Venereal Disease Clinic. Miss Wilson, recently returned from overseas, plans to take a post-graduate course in public health in Toronto.

General Hospital:

The following nurses have recently been appointed to the staff: Jean French, Mary Cheyne, Ruth Anderson, and Peggy Ogilvy. Fern Haggerty and Erma Fowler have resigned from the staff to be married.

Providence Hospital:

Patricia MacKenzie is busy organizing the Providence Hospital Alumnae Association and they hope to hold their first meeting shortly. Miss McHenry has been appointed as supervisor, children's ward, and Mrs. Dorothy Closs is now on the operating-room staff.

SASKATOON:

St. Paul's Hospital:

A series of weekly lectures, for graduate nurses at St. Paul's Hospital, has proven very successful. The lectures were on subjects of practical importance to hospital supervisors and head nurses.

Dr. R. H. MacDonald recently addressed the alumnae association on "Nursing Care in Chest Surgery." At a later meeting Dr. F. W. Rosher spoke on "Nursing in Urological Cases."

The new dressing-rooms for the graduate nurses were completed recently and are very convenient and attractive.

Dulcie Smith and Kay Smith have taken the positions of first and second head nurse on the second floor. Helen Frantz is assisting Veronica Mahoney in taking histories and giving intravenouses. Joyce Guenther is replacing H. Ulsifer as scrub nurse in the operating-room.

YORKTON:

The annual banquet of Yorkton Chapter was held recently with forty-five nurses present. Betty Langstaff, recently discharged from the R.C.A.M.C., was the guest speaker. Her interesting talk, in the form of a travelogue on her trip and experiences overseas, was much enjoyed. Mrs. D. Logan, past president, gave a brief outline of the purposes and work of the chapter and urged all nurses to become active members. Helene Renner rendered two vocal solos.

Honoring the graduating class of 1946, the Yorkton Chapter recently entertained at a "get-acquainted" party. Games were played, the prizewinners being Misses Singular and Stushnoe. Refreshments were served.

Nursing Sister Irene Kaltenbruner, of the United States Army, was a guest at a recent meeting of the chapter. Miss Kaltenbruner has recently returned from service in India and China.

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Miss Dora Parry, Supt. of Nurses, Children's Memorial Hospital, Montreal 25, P.Q.

WANTED

A **Dietitian,** preferably with previous experience, is required for a 65-bed hospital. The salary is $90 per month, with full maintenance. Holidays with pay. A **Night Superintendent** is also required. The salary is $100 per month, with full maintenance. 6-day week; holidays with pay. Apply to:

Superintendent, Lady Minto Hospital, Cochrane, Ont.

WANTED

Applications are invited for the position of **Provincial District Nurse** in the **Province of Alberta.** Districts located in rural areas; cottage, water and fuel supplied by community. **Salary:** Minimum of $1500 per annum plus Cost of Living Bonus. Sick leave; annual vacation provided after one year's service. Information also provided on other Public Health Nursing opportunities in the Province. Apply to:

Miss Helen G. McArthur, Supt. of Nurses, Dept. of Public Health, 218 Administration Bldg., Edmonton, Alta.

WANTED

Applications are invited for the following positions in a 170-bed hospital in the **Maritime Provinces,** with attractive salaries and maintenance: **Night Obstetrical Supervisor; Superintendent of Nurses; Instructress of Nurses; Supervisor,** experienced and qualified, for private floor, days; **Dietitian,** experienced and qualified. Apply in care of:

Box 4, "The Canadian Nurse", 522 Medical Arts Bldg., Montreal 25, P.Q.

WANTED

A **Graduate Nurse,** with Operating Room experience, is required for the **Barrie Memorial Hospital.** Apply to:

Superintendent, Barrie Memorial Hospital, Ormstown, P.Q.

WANTED

A classroom **Instructress** is required for a 120-bed hospital. Apply, stating qualifications, experience, and salary expected, to:

The Superintendent, Stratford General Hospital, Stratford, Ont.

WANTED

Verdun Protestant Hospital requires for immediate service: (a) **Assistant Director of Nursing;** (b) fully-qualified **Instructor;** (c) **Ward Supervisors;** (d) **General Staff** nurses. Applications are invited from Registered Nurses, stating in first letter date of graduation, qualifications, experience, and when services would be available. Apply to:

Director of Nursing, Verdun Protestant Hospital, Box 6034, Verdun, P.Q.

WANTED

Applications are invited for the position of **Instructress of Nurses.** Apply to:

Supt., Kenora General Hospital, Kenora, Ont.

WANTED

Ontario Hospital, Kingston, requires Registered Nurses for **General Duty.** State date of graduation and references in first letter. 8-hour day and 6-day week. **Salary:** $1300 per annum. Living out. Superannuation. 3 weeks' annual vacation with pay. Public holidays or equivalent time with pay. One and one-half days' sick leave per month, accumulative, with pay. Apply to:

Supt. of Nurses, Ontario Hospital, Kingston, Ont.

WANTED

Vancouver General Hospital desires applications from Registered Nurses for **General Duty.** State in first letter date of graduation, experience, references, etc., and when services would be available.

Eight-hour day and six-day week. Salary: $95 per month living out, plus $19.92 Cost of Living Bonus, plus laundry. One and one-half days sick leave per month accumulative with pay. Employees' Hospitalization Society. Superannuation. One month vacation each year with pay. Investigation should be made with regard to registration in British Columbia. Apply to:

Miss E. M. Palliser, Director of Nurses, Vancouver General Hospital, Vancouver, B.C.

WANTED

Applications are invited for the position of **Clinical Instructor.** Position open on **August 1.** An **Operating Room Supervisor** is required by **June 1.** Apply, stating qualifications, experience, and salary expected, to:

Supt. of Nurses, McKellar General Hospital, Fort William, Ont.

WANTED

An **Instructor** for the Nursing Arts is required by **August 1** for the St. Catharines General Hospital. Apply to:

Supt., St. Catharines General Hospital, St. Catharines, Ont.

WANTED

Applications are invited for Staff positions in the **Operating-Room.** Experience required and post-graduate training desirable. State professional training and experience and where and when obtained. Information will be given on request. Apply to:

Director of Nursing, Ottawa Civic Hospital, Ottawa, Ont.

WANTED

Applications are invited for the position of **Science Instructor** in a 270-bed hospital; duties to commence **August 15, 1946.** Excellent classroom facilities. 8-hour day. Every week-end off duty. One month vacation with salary at end of one year. Apply, stating qualifications, experience, etc., to:

Director of Nurses, Brantford General Hospital, Brantford, Ont.

WANTED

Registered Nurses are required for a new 25-bed hospital. *Salary:* $80 per month for first 3 months' service; $85 after 3 months. Full maintenance and laundry. 8-hour day. Apply to:

Miss J. S. Murdoch, Matron, Sackville Memorial Hospital, Sackville, N.B.

WANTED

General Duty Nurses are required at a salary of $80 per month; $90 for permanent Night Duty—plus full maintenance. The hospital is situated in a healthful and beautiful location; 55 miles from Montreal, 10 miles from Brome Lake. Bus service daily. Apply to:

Superintendent, Brome-Missisquoi-Perkins Hospital, Sweetsburg, P.Q.